DISSERTATION ON

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF MOTHERS REGARDING MANAGEMENT OF DOG BITE AND PREVENTION OF RABIES AMONG CHILDREN UNDERGOING TREATMENT IN THE ANTI-RABIES VACCINE OUTPATIENT DEPARTMENT AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-8

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In partial fulfillment of the requirement for the award of the degree of
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A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF MOTHERS REGARDING MANAGEMENT OF DOG BITE AND PREVENTION OF RABIES AMONG CHILDREN UNDERGOING TREATMENT IN THE ANTI-RABIES VACCINE OUTPATIENT DEPARTMENT AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-8

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CERTIFICATE

This is to certify that this dissertation titled, **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF MOTHERS REGARDING MANAGEMENT OF DOG BITE AND PREVENTION OF RABIES AMONG CHILDREN UNDERGOING TREATMENT IN THE ANTI-RABIES VACCINE OUTPATIENT DEPARTMENT AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-08"** is a bonafide work done by **PRIYADARSINI.A** M.Sc NURSING II year student, College of Nursing, Madras Medical College, Chennai-03 submitted to The Tamil Nadu DR.M.G.R Medical University, Chennai-32 in partial fulfillment of the university rules and regulation towards the award of the degree of **Master of Science in Nursing, Branch – II Child Health Nursing,** under our guidance and supervision during the academic period from 2016 – 2018.

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- Psalm 92:4

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ABSTRACT

Worldwide dog bites are becoming a significant public health problem and the annual frequency of dog bite injuries are more common in children. Rabies is a fatal condition with no cure, but there are preventive interventions to reduce its burden. Rabies typically affects the vulnerable members, and lower socio-economic classes, due to poor knowledge regarding the uptake of preventive measures. Public education programs for rabies control is important at home level after an animal bite, for both animals and humans

TITLE: "A Study to assess the effectiveness of structured teaching programme on knowledge of mothers regarding management of dog bite and prevention of rabies among children, undergoing treatment in the Anti-rabies vaccine Outpatient department at Institute of Child Health and Hospital for Children, Egmore, Chennai-08"

OBJECTIVES: To assess the knowledge of mothers regarding management of dog bite and prevention of rabies in children to evaluate effectiveness of structured teaching programme among mothers and to find out the association the post-test knowledge of mothers with the selected demographic variables.

METHODS AND MATERIALS: This study was conducted with 60(mothers of children with dog bite) samples in quantitative approach, Pre experimental one group pretest posttest design, by Purposive sampling technique. Pre-existing knowledge was assessed by using semi structured questionnaires. After the pre-test, Structured teaching programme was given regarding management of dog bite and prevention of rabies in children. After 7 days post-test was conducted by using same tool.

RESULTS: The result shows in post test after structured teaching programme, shows that mothers gained more knowledge of about 21.05% score than pre test with a mean difference of 10.92 by Generalized McNemar's chi-square test, which is statistically significant.

CONCLUSION: Hence, the structured teaching programme was instructionally effective, appropriate and feasible. It would help the mother in management of children with dog bite and prevent rabies

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LIST OF ABBREVIATION

Abbreviation	Expansion
ARV	Anti-rabies vaccine
DALYs	Disability Adjusted Life Years
DF	Degrees of Freedom
ICH& HC	Institute of Child Health and Hospital for Children
IMNCI	Integrated Management of Neonatal and Childhood Illness
NICU	Neonatal Intensive Care Unit
OPD	Out Patient department
P	Significance
SD	Standard Deviation
SICU	Surgical Intensive Care Unit
WHO	World Health organization

CHAPTER –I
INTRODUCTION

"Split sick shit like my saliva got the rabies in it"
-Tyler

A **dog bite** is a bite inflicted upon a person, a group of persons or another animal by a dog. One or more successive bites is often considered a dog attack. The majority of dog bites do not result in injury, disfigurement, infection or permanent disability. Another type of dog bite is the 'soft bite' displayed by well-trained dogs, puppies and in non-aggressive play. Domestic dogs are the main vectors of the disease causing 94% of human rabies through bites. The prevalence of the disease is highly influenced by the density of unvaccinated dog populations. In addition to the mortalities and Disability Adjusted Life Years (DALYs), the public health burden of rabies extends to the cost of disease control. The fear of the disease and uncertainty of outcome cause psychological trauma on the victims of animal bites.[1]

Rabies is viral disease that affects warm blooded mammals. The virus shades in the saliva of clinically ill animals and is transmitted through a bite. Once clinical symptoms appear, it is almost 100% fatal. More than 95% of human rabies cases are due to dog bites and the rest associated with cat, fox and other carnivores.[2]

Rabies virus is a Lyssavirus in the family Rhabdoviridae. Members in this family are rod-shaped. In Kenya, five genotypes of the lyssavirus have been reported. The most common is Genotype 1 (Rabies virus, RABV). Others are Genotype 2 (Lagos bat virus, LBV), Genotype 3 (Mokola virus, MOKV), Genotype 4 (Duvenhage virus, DUVV), and the Shimoni bat lyssavirus (WHO, 2014). The virus is labile and does not survive in the environment as sunlight, warm temperatures, drying,

heat and common disinfectants destroys. The virus is present in the saliva and salivary gland, nerve tissues, and pancreas of infected mammals.[3]

It is less often found in urine, lymph, and rarely in blood. The main route of transmission is by bites of infected animals. Other methods include oral (milk, cannibalism, scavenging and predation), aerosol (in bat caves or when a susceptible host is in close proximity with a rabid animal), trans-placental, tissue transplants and skin wound or mucous membrane contamination with fresh virus-laden saliva. In the olfactory end organ in the nares, the neuroepithelial cells are in direct contact with the body surface. These cells extend directly to the olfactory bulb in the brain and thus provide a route by which the virus reaches the central nervous system after aerosol exposure. After a bite, the virus replicates locally in muscle cells and remains around the wound for weeks or months. The virus then reaches neuromuscular spindles, and then the peripheral and central nervous system centripetally at which point the disease develops rapidly. In the brain, the virus multiplies in neurons and then migrates along nerves centrifugally to the salivary glands and is shed in saliva.[4]

The incubation period of rabies in dogs is 3 to 8 weeks, but may vary from 1 week to a year. This incubation period is highly dependent on the location of the bite and the amount of the virus present at exposure. Bites on the head, face and neck carry shorter incubation periods.[3]

Clinically, rabies presents in three defined stages namely the prodromal, excitative and paralytic stages. The prodromal stage is the initial stage of rabies and is characterized by change in behavior. Friendly pets become aggressive and hide out of fear while wild animals lose their fear of humans or nocturnal animals are seen during the day

and in locations where they would normally be afraid to go. This stage in wild animals has been described by the term “friendly foxes”. This stage lasts 1 to 3 days. This is then followed by the excitative or hyperactive stage. Animals in this stage are easily excited by external stimuli and would bite on anything in their vicinity including stones, metal and wood, and snap at imaginary objects. The dog produces abnormal sounds. Thus this stage is explained by the term “mad dog”. If the hyperactivity is prominent, the dog is described as having “furious rabies”. These animals are described as having “dumb rabies”. This stage may be absent as in dumb rabies or it may last 3 or 4 days.[5]

Prophylaxis needed for the exposure of Dog bite catagorised by

Category-I: Touching, feeding of animals or licks on intact skin has no exposure to Dog bite therefore no prophylaxis is needed if history reliable

Category-II: Minor scratches or abrasions without bleeding or and nibbling of uncovered skin, needs vaccine alone

Category-III: Single or multiple transdermal bites or scratches, licks on broken skin, contamination of mucous membrane with saliva (i.e. licks) and suspect contacts with bats, needs immunoglobulin plus vaccine.[5]

Dogs should be vaccinated at 3 or 4 months of age. This is then boosted 1 year later and then annually or triennially thereafter depending on whether a 1-year or 3-year vaccine was used. A 3-year vaccine is the best to use since it increases the percentage of immunized animals, washing bite wounds and animal scratches with soap or detergent and water immediately and thoroughly after exposure prevents establishment of infection. This is the most effective home level measure to prevent rabies after an animal bite for both animals and humans and therefore should be a very important part of public

education programs for rabies control. The primary pre-exposure vaccination consists of three doses on day 0, 7 and 21 or 28. For those without pre-exposure vaccination, 5 doses of post-exposure vaccine are needed, on days 0, 3, 7, 14 and 28, in combination with one dose of rabies immune globulin at a dosage of 20 IU/ kg on day 0. If the dog that bite a human is healthy and owned, it should be confined for 10 days and observed for signs of rabies. This 10-days observation period helps to determine whether the bitten person is exposed to rabies.[6] **September 28 is World Rabies Day**, which promotes information on prevention and elimination of the disease.[1]

1.1 NEED FOR THE STUDY

No country has as many stray dogs as India, and no country suffers as much from them. Free-roaming dogs number in the ten million and bite millions of people annually, including vast number of children. An estimated 20,000 people die every year from rabies infections. The law which forbade the killing of dogs, the stray population has increased so much. The officials across the country have expressed alarm regarding the increase of incidence in dog bite.[7]

Rabies is the 10th biggest cause of death due to infectious diseases worldwide. It is estimated that 2.5 billion people across 100 countries are at risk of contracting rabies. The annual death rate is around 50,000–60,000 with 99% occurring in tropical developing countries. Around 36% of these rabies related deaths occur in India every year with dog bites being responsible for 95-97% of these cases. The annual estimated number of dog bites in India is 17.4 million, leading to 18,000–20,000 estimated cases of human rabies per year. Rabies is a fatal condition with no cure, but there are preventive interventions to reduce its burden, although they are not well adopted in India. As a result, India has the largest contribution to worldwide rabies mortality. Across Asia the

annual expenditure due to rabies is estimated to be reaching 563 million.[8]

Rabies typically affects the most vulnerable members of society, and lower socio-economic classes. This is likely due to poor knowledge regarding the uptake of preventive measures. Studies have shown around 70% of the population in India have heard about rabies, only around 30% knew to wash wounds after animal bites and a larger proportion were not compliant with treatment. Furthermore, rabies is not a notifiable disease in India, which makes it probable that the true burden has been underestimated. Although there have been reviews focusing on rabies burden in India, the majority were published prior to 2000. They all pointed to large discrepancy between estimates of rabies burden in India, which makes it difficult for policy makers to understand the scale of the problem and plan how to tackle it. As rabies is an acute condition and its control is centered on preventive measures, incidence is the most appropriate measure of its burden in the context of improving. The rabies virus survives in widespread, varied, rural reservoirs. It is present in the animal populations of almost every country in the world, except in Australia and New Zealand. An estimated 55,000 human deaths occur annually from rabies worldwide, with about 31,000 in Asia and 24,000 in Africa. Rabies is common among wild animals in the US. Bats, raccoons, skunks and foxes account for almost all reported cases (98% in 2009). A total of 49 cases of the disease were reported in the country in 1995-2011, of these 11 are thought to have been acquired abroad. Almost all domestically acquired cases are attributed to bat bites.[9]

Worldwide dog bites are becoming a significant public health problem and the annual frequency of dog bite injuries in children is estimated to be 22 per 1000 children of which less than half of them are

reported in medical facilities. To study the period prevalence of dog bites in children, its risk factors and treatment seeking behaviour.[13]

India has the highest rate of rabies in the World primarily because of stray dogs, whose number has greatly increased since a 2001 law forbade the killing of dogs. 20,000 peoples are estimated to die every year from rabies in India-more than a third of the global rank.[10]

The annual incidence of animal bite was 1.7%, it was more in children (2.5%)and 68% of them were males. Only 39.5% of bite victims washed the wounds with soap and water and about 46.9% took anti-rabies vaccination. Rabies survey 2003 was higher (50.1%) as compared to NTV (46.9%) and compliance to the full course was about 40.5%. However, the use of Rabies immunoglobulin (RIGs) was low (2.1%). The local applications to wound (36.8%) and indigenous remedies (45.3%) were quite popular. The main source (59.9%) of treatment was Government, and each animal bite involved an average of 4.4 treatment visits and costed Rs. 252/- (vaccine and other medicines) and resulted in a loss of 2.2 days of work (man days lost). The annual animal bite load was estimated to be about 17.4 million for the country. The veterinary survey showed a high proportion of positivity (laboratory confirmation) among dogs (48.4%), cats (21.9%), cattle (61.4%), goats (48.7%) and horses (45%) and among the wild animals it was predominantly mongoose (87.5%) and jackals (92.9%). The veterinary data revealed a stable situation of rabies in dogs and cats during the last decade of 1992 - 2001.[11]

Insufficient knowledge about rabies dangers and prevention, particularly prompt PEP, but also wound management, was the main cause of rabies deaths. Education, particularly in poor and marginalized communities, but also for medical and veterinary workers, would prevent future deaths. As a result, these findings suggest the importance

of taking into account the rabies prevention among under five children and increasing the knowledge of mothers after assessing their existing knowledge. The people of rural area are not having the adequate knowledge regarding its prevention and management. So, nursing personnel should help the mothers to follow the remedial measures.[12]

INSTITUTIONAL STATISTICS OF DOG BITE

Table 1.1 Statistics of Institute of Child Health and Hospital for Children, Egmore, Chennai for the year 2014, 2015, 2016, 2017.[13]

Year	Outpatient Census	Inpatient Census
2014	2960	982
2015	2499	997
2016	2168	614
2017	1382	460

Review of literature and clinical experience made the investigator to realize that rabies is one of the major health problems worldwide. Prevention is better than cure and since dog bites are preventable injuries and with proper knowledge of how to avoid dog bite and management regarding rabies, incidence of rabies can be reduced to some extent. This motivated the investigator to undertake a study on knowledge regarding management of dog bite and prevention of rabies.

1.2 STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of structured teaching programme on knowledge of mothers regarding management of dog bite and prevention of rabies among children undergoing treatment in the Anti-Rabies Vaccine Outpatient department at Institute of Child Health and Hospital for Children, Egmore, Chennai-8."

1.3 OBJECTIVES

- ❖ To assess the pre-test existing knowledge of mothers regarding management of dog bite and prevention of rabies in children.
- ❖ To assess the post-test knowledge of mothers regarding management of dog bite and prevention of rabies in children.
- ❖ To evaluate the effectiveness of structured teaching programme regarding management of dog bite and prevention of rabies in children.
- ❖ To associate the post-test knowledge of mothers regarding the management of dog bite and prevention of rabies in children with the selected demographic variables.

1.4 OPERATIONAL DEFINITIONS

Assess: It refers to find out the knowledge of mothers of children with the history of dog bite regarding the management of dog bite and prevention of rabies in children.

Effectiveness: It refers to the extent by which the structured teaching programme will achieve the desired results in understanding management of dog bite and prevention of rabies in children among mothers of children in terms of pre-test and post-test knowledge scores.

Structured Teaching Programme: It refers to the systemically developed instructions and teaching aid designed for the group of mothers to provide information regarding management of dog bite and prevention of rabies which includes meaning, etiology, signs and symptoms, management, prevention, complication and home management.

Knowledge of Mother: It refers to the awareness of mothers about management of dog bite and prevention of rabies measured in terms of responses given to semi structured knowledge questionnaire and its scores.

Management of Dog Bite: It refers to the action being done by an individual after a dog bite, such as the immediate management, the prophylactic measures and post prophylactic management.

Rabies: It refers to an actually notifiable infectious disease of the central nervous system that infect the animals specially dogs, cattle foxes, wolves and bats, which can be transmitted to man by bite or scratch of such infected animals.[2]

Antirabies Vaccine: It refers to the Modern cell culture-based and embryonated egg-based anti-rabies vaccines (ARV) have proven to be safe and effective in preventing human rabies. Earlier nerve tissue ARV induce severe adverse reactions and are less immunogenic.[2]

1.5 ASSUMPTIONS

The researcher assumes that,

- Mothers will have limited knowledge regarding management of dog bite and prevention of rabies in children.
- The Structured teaching programme will enhance the knowledge of mothers regarding the management of dog bite and prevention of rabies in children.
- Mother's knowledge regarding management of dog bite and its prevention may vary with their selected demographic variables.

1.6 HYPOTHESIS

At $p<0.001$

H_1: There will be significant difference between the mean pre-test and posttest knowledge score regarding management of dog bite and prevention of rabies

H_2: There will be significant association between the posttest knowledge score of mothers of dog bite children with their selected demographic variables.

1.7. DELIMITATIONS

The study is limited to:

- This study is limited to mothers who are attending Anti-Rabies Vaccine Out Patient Department.
- The study is limited up to 4 weeks of period.

CHAPTER-II
REVIEW OF LITERATURE

Review of literature is an important step in the development of a research project. It involves the systematic identification, location, scrutiny and summary of written materials that contain information on research problem.

This chapter attempts to present a broad review of the study conducted, the methodology adopted and conclusion drawn by earlier investigations. It helps to study the problem in depth.

Related research literature was review to broaden the understanding and to gain insight into the selected area under study.

2.1 THIS SECTION CONSISTS OF THREE PARTS

2.1.1 SECTION-A: Studies related to incidence and prevalence of Dog bite

2.1.2 SECTION-B: Studies related to knowledge of mothers regarding Dog bite

2.1.3 SECTION-C: Studies related to management of dog bite and prevention of Rabies

2.1.1 SECTION-A: STUDIES RELATED TO INCIDENCE AND PREVALENCE OF DOG BITE

Carri Westgarth,[1] Megan Brooke[2] et al., (2018) A cross-sectional study investigated true dog bite prevalence and incidence at a community-level and victim-related risk factors, in order to inform policy and prevention of a community of 1280 households in Cheshire, UK. Incidence of dog bites was 18.7 (11.0–31.8) per 1000 population per year. Males were 1.81 times more likely to have been bitten in their lifetime than females (95% CI 1.20 to 2.72, P=0.005). Current owners of

multiple dogs were 3.3 times more likely (95% CI 1.13 to 9.69, P=0.03) to report having been bitten than people not currently owning a dog. This study suggests that the real burden of dog bites is considerably larger than those estimated from hospital records. Further, many bites do not require medical treatment and hospital-based bite data are not representative of bites within the wider population.[14]

Nasim Ilyas[1], Kashif Rahim[2], Zafar Latif3, (2017) conducted a descriptive study on medical record of dog bite cases between 2011 and 2013 to assess the incidence of dog bite in Chountra, District Rawalpindi, Province Punjab, Pakistan. Total numbers of cases were 150. Most of the cases were registered during summer especially in the months of May to August. Most of the victims were male and found to be more common in children. The commonest site of the dog bite was lower limb. To conclude, in rural setup of Pakistan dog bite cases are considerably high and impose significant burden on health service despite the fact that it is preventable.[15]

Habib Ovais[1], Hafeez Adil[2]et al.,(2017) conducted a study focusing on the epidemiological profile, mechanism, circumstances and management of dog bite injuries in the state of a developing country. One hundred twenty-eight children of dog bite injuries were studied over a period of 2½ years. Most of the patients (52.3%) were in the age group of 1-6 years. Face was the commonest affected organ by the dog bite of about 45.3% children aged between 1-6 years. Limbs were most commonly affected in older age group. Dog bite incidents can be decreased or prevented if the number of street dogs in our state is reduced, as this being the prime reason for the increasing dog bite incidents. Proper wound management results in excellent cosmetic outcome especially in children.[16]

Murugan Venkatesan, Amol Dongre, (2016) conducted a cross sectional study in field practicing areas of rural health centre covering 4150 households in 34 villages involving 5841 children. The period prevalence of dog bites episodes in last one year is 17.9 per 1000 children. Most of bites happened in male children (51.5%), less than 10 years of age (56%), and children below poverty line (80%). Period prevalence of dog bites is high and it is common in children belonging to poor socioeconomic conditions. In a country with very high population of unvaccinated dogs, health education program focusing on prevention of dog bites, correct methods of local wound treatment, vaccine, and rabies immunoglobulins are needed.[17]

S Sharma, A Agarwal,[1] AM Khan,[2] et al., (2016) conducted a cross-sectional observational study to determine the prevalence of dog bites and knowledge and practices relating to its management and prevention in an urban and a rural slum of North West Delhi, India. A house to house survey of 500 households covering a population of 2887 individuals was conducted by systematic random sampling. The dog bite incidence rate for the study population for the last year was 25.2/1000 population with higher rates in urban (30.1/1000) than rural (19.6/1000) slum. Two-fifths of the dog bite patients did not wash the wound with soap and water. The practice of washing the wound with soap and water was significantly higher in urban than rural slum. One-fifth of the patients did not receive anti-rabies vaccine. A majority (79.0%) of the patients did not receive anti-rabies serum.[18]

Henry H. Chen, Anna T. Neumeier et al., (2013) A retrospective chart was performed at a large tertiary pediatric hospital to characterize and report the epidemiological data regarding pediatric facial dog bites. A total of 537 children were identified. The majority of dog bites occurred in children 5 years of age or younger (68.0%). Almost all (89.8%) of the dogs were known to the children. Children 5 years old

and younger are at high risk for being bitten in the face by a familiar dog and are more likely to require hospitalization than older children. There is a tremendous financial and psychosocial burden associated with dog bites, and prevention strategies should focus on education with the aid of public policies and better documentation and reporting systems.[19]

Aurelia Ponsich, Flavie Goutard, San Sorn, Arnaud Tarantola (2010) conducted a hospital based prospective study in the Department of Community Medicine on dog bite in 2010 cases admitted during 1 year in a CHC (Community Health Centre) Nagrota Bagwan, Himachal Pradesh to estimate the extent of problem of bite cases and various epidemiological factors associated with it. Among all 30 bite cases 56.7% were females ($p > 0.05$ on Fisher's exact probability test) and most (66.6%) of dog bite cases were observed in the age-group of 6-15 years. The study concludes that dog bites are especially devastating to children because they are smaller and their faces are within easy reach of the animal's mouth. This study recommended that regional strategies should be made for prevention and first aid measures of bite cases and local home management.[20]

Karla Georges, Abiodun Adesiyun (2008) conducted a study to estimate the prevalence of dog bites among primary school children between the ages of 8–12 years using a semi-structured interview process. A questionnaire survey of 1109 primary school children between the ages of 8–12 years was conducted in Trinidad from November 2002 to September 2003. Many victims (33.0%) were bitten without having any interaction with the dog and the majority (61.9%) of victims did not receive professional medical assistance. Overall, the lower leg or foot was most often injured (39. 3%). A public educational campaign is needed on responsible pet ownership. In addition, children must be taught effective ways of avoiding attacks or reducing injury in the event of a dog attack.[21]

M.Asuquo, W. Ndifon (2009) *An* retrospective study was conducted to assess the prevalence of dog bites in Comprehensive Health Centre, Okoyong south-south Nigeria. Eleven cases of dog bite were recorded out of a total of 25,000 patients seen during a fifteen-year period (1990-2004). This gives a prevalence of 44 per 100,000 populations. The follow up was extremely poor as most patients never reported for follow up after the initial treatment as outpatient or discharge following admission. They recommend more comprehensive community-based studies to adequately assess the burden of this problem. Current regulations on the management of dog bites should be strictly followed by the attending medical personnel.[22]

Anita Khokhar, G.S. Meena, Malti Mehra (2003) An article from the Times of India "Profile of Dog Bite cases" attending M.C.D. Dispensary at Alipur, Delhi reported that 313 rabies deaths occurred in Hyderabad over 5-year duration. The number of rabies victim is expected to grow, with the city being home to more than 2 lakh of stray dogs. According to IPM (Institute of Preventive Medicine) doctors about 70 per cent of the dog bite cases came to IPM were children Half of the subjects mentioned that a person could go mad after being bitten by a dog. 68.05% did nothing to control freely roaming dogs that had bitten. Only 2 subjects had reported the matter to the concerned authority.[23]

2.1.2 SECTION-B: REVIEW RELATED TO KNOWLEDGE OF MOTHERS REGARDING DOG BITE

Suhasani Tandon, S.K. Kotwal et al., (2017) cross-sectional survey was carried to investigate level of community knowledge as well as attitude and perception about rabies in and around Jammu, North India. Knowledge, Attitude and Practice (KAP) are important both for human deaths due to rabies and for the effective control of disease in animals. A total of 200 respondents in the age group of 18 to 29 (55%)

years were interviewed using structured questionnaires. Dog owners and being urban respondents had good knowledge level and attitude towards rabies compared to non-dog owners and rural dwellers. The knowledge, attitude and practices with respect to prevention and treatment of rabies were not found adequate amongst the rural population. Thus, community based health education becomes essential in these areas to create awareness regarding rabies.[24]

Sumon Ghosh, et al., (2016) A community-based cross-sectional study was conducted community awareness regarding rabies and treatment seeking behaviour are critical for both the prevention and control of the disease in human and animals. However, 59% of the dog bite victims first seek treatment from traditional healers instead of visiting the hospitals, 29% received the rabies vaccine, 2% practiced proper wound washing with soap and water, while 4.8% have not taken any measures. None of the victims have received rabies immunoglobulin (RIG). The current treatment seeking behaviours of the respondents should be improved through additional education and awareness programme and better availability for the provision of post-exposure prophylaxis in Bangladesh. They recommend scaling up national mass dog vaccination and DPM to reduce the burden of rabies cases and dog bites in Bangladesh.[25]

Eyob Abera, Beruktayet Wondu, Ayalew Negash and Yetayew Demisse (2016) cross-sectional study design and multistage sampling procedures were employed to select households for this study using lottery method. Almost all of the respondents indicated that they had previously heard about rabies. Generally, 22 of these findings indicate that a good level of awareness was shown with regard to rabies among the residents of Arada sub city Addis Ababa. Additionally, inaccessibility to appropriate services was also considered as a major reason for the poor level of community participation in rabies but it need

for educational outreach to raise accurate knowledge on mode of transmission, symptoms, appropriate prevention and treatment measures.[26]

Sangamesh B. Tondare, Mohsin Ahmed, et al., (2015) cross-sectional study was conducted Worldwide, roughly 97% of rabies cases came from dog bites. Health educational programs are needed to create awareness of dog bites. The importance of First Aid and post exposure vaccination should be stressed. To assess the knowledge among mothers of school age children regarding first aid management of dog bite by pretest. Data was collected by using structured interview schedule. Sample size was 30. Mothers of school age children responded inadequately. Majority of mothers of school age children got adequate knowledge after structured teaching programme.[27]

Mrudu Herbert, Riyaz Basha, Selvi Thanagaraj (2012) conducted a study in Department of Community Medicine, Bangalore Medical College and Research Institute to assess community knowledge and attitudes about rabies, rabies prevention and stray dog control in an urban slum community and to determine the factors that influence rabies awareness in urban slums.185 participants were selected from 8 urban slums. The data were collected by direct interview using a pre-tested, structured questionnaire. Only 33.5% of the interviewees felt that people in the community had a role to play in controlling the stray dog population. The study indicates that there are gaps in the knowledge and attitudes of individuals living in urban slums regarding rabies prevention and control. Efforts to promote awareness should be targeted at men, older people and uneducated individuals.[28]

Vida Fallahian, Ahmad Fayaz, Susan Simani (2010) A cross-sectional study was carried out to assess the general knowledge, attitudes and practices of subjects who had been bitten by a suspected

rabid animal, about rabies in Tehran. Study conducted among 102 subjects bitten by a suspected rabid animal who were admitted to Pasteur Institute of Iran and selected by convenient sampling technique. They completed the questionnaires. In assessing the knowledge 64.7% of participants had good knowledge, 21.5% poor and 13.7% very good knowledge about rabies. In assessing the attitudes towards rabies, most of the cases had a good attitude and 12.7% had an acceptable attitude.[29]

Anita Khokhar, GS Meena, Malti Mehra (2003) A one year cross sectional study was conducted in the Department of Community Medicine on profile of dog bite cases attending Municipal Corporation of Delhi and their knowledge, attitude and practices regarding dog bite. Structured oral questionnaire was used to elicit the required information pertaining to the epidemiology of dog bite. Children less than 15 years of age were more likely to provoke a dog ($p<0.05$). The study shows that over 50% of the dog bite cases were children, less than 15 years of age.[30]

Kahn A, Bauche P, Lomoureux J, (2003) prospective study was conducted in Belgium to determine the characteristics of child victims of dog bite accidents. The bite accidents that occurred at home concerned children with a median age of 5 years, who were without adult supervision at the time of the accident. The children who were bitten by dogs in public places had a median age of 9 years. The study shows that to reduce the frequency of dog bites both at home and in public places, education could be the preventive measure with the highest priority. Out of 100 accidents, 67 children might not have been bitten had they and their parents been adequately educated on safe conduct towards dogs.[31]

2.1.3 SECTION-C: REVIEW OF LITERATURE RELATED TO MANAGEMENT OF DOG BITE AND PREVENTION OF RABIES

Moumita Samanta, Rakesh Mondal, Ankit Shah (2016) A prospective observational study was conducted in a tertiary care hospital to study clinic epidemiological profile of potentially rabid animal bite cases from rural India. Total of 308 children (median age 6 years) admitted to hospital, were recruited over 1 year and followed up till completion of antirabies vaccine course. Of the exposures, 66.88% were scratches, 88.96% were unprovoked and 27.27% were categorized as Class III. Compared with their older counterparts, children aged <5 years suffered more bites on face and trunk and more Class III exposures. The rabies prophylaxis scenario is encouraging, when compared with earlier studies, but there are gaps to be addressed.[32]

Sumon Ghosh (2016) conducted a study to explore people's awareness about rabies, their attitude towards dogs and practices. However, 59% of the dog bite victims first seek treatment from traditional healers instead of visiting the hospitals, 29% received the rabies vaccine, 2% practiced proper wound washing with soap and water, while 4.8% have not taken any measures. None of the victims have received rabies immunoglobulin (RIG). As a measure for dog population management (DPM), 56% preferred sterilization while the rest preferred killing of dogs. The current treatment seeking behaviour of the respondents should be improved through additional education and awareness programme and better availability for the provision of post exposure prophylaxis in Bangladesh. They recommend scaling up national mass dog vaccination and DPM to reduce the burden of rabies cases and dog bites in Bangladesh.[33]

Eyob Abera, Beruktayet Wondu et al., (2016) *A* cross-sectional study design was in conducted a multicenter, multi-country survey by The Asian Rabies Expert Bureau (AREB) of patients seeking rabies post-exposure prophylaxis in rabies prevention centres in Bangladesh, China, India, Indonesia, Pakistan. Questionnaires were completed for 4377 subjects in the eight countries. Data was collected regarding the patient, former rabies exposures, the present wound, rabies exposure management, and rabies awareness. Two major issues were identified where active information of the population could make a difference: the necessity to apply appropriate wound care and to consult the nearest rabies prevention centre as soon as possible. [34]

Poonam Vijay Sancheti, Suresh Konappa Mangulikar (2016) An interventional study was carried out in an English medium secondary school. Total 140 students of age 13-15 years were studied. Baseline knowledge regarding rabies was determined by questionnaire method. A health education intervention regarding rabies was given to them. There was significant difference between knowledge regarding mode of transmission of rabies, animals that transmit rabies in India and immediate steps after animal bite in students before health education intervention. There was inadequate knowledge regarding rabies, in students which shown significant increase after health education. [35]

Firooz Esmaeilzadeh, et al., (2016) cross-sectional study was conducted in Iran and included 7097 cases of animal bites recorded at the Rabies Treatment Center of the Shiraz University of Medical Sciences using the census method. Logistic regression was used to identify factors associated with delays in PEP. Further, the type of animal involved, the depth of the bite, and the patient's occupation were the major factors associated with a delay in the initiation of PEP for rabies prevention. [36]

Piyush Jain and Garima Jain (2014) conducted a study among the victims of dog or animal bite attending the OPD services of community health centre (CHC), The study population composed of 250 victims of dog or animal bite randomly selected from the patients attending the OPD services of CHC Muradnagar. The result of the study reflects the very low level of awareness about the post dog bite management of wounds as well as about the disease rabies group of people questioned and also reveals serious gaps in understanding of wound severity, classification and correct application of PEP with ARV vaccine and RIG. There is definitely a gap in people's knowledge, attitude, and practices about dog bite and its management and there is need of taking serious measures for the control of stray dog population at the block level.[37]

Smita S. Valekar, Maya Vikas Kshirsagar (2014) A cross-sectional study was conducted in the rural field practice area of a medical college, Pune, Maharashtra. All individuals below the age of 18 years were included in the study. Informed consent was taken prior to conduct of the study. In the study 88% of dog bite victims received treatment. There is lack of awareness regarding dog bite and its management among the rural population.[38]

More. Rohini. E. M.Sc. (N) Avinash H. Salunkhe. M.Sc. (N) (2014) A cross section study was conducted to assess the knowledge of first aid management of dog bite among rural population and to evaluate effectiveness of structured teaching programme on first aid management of dog bite. Evaluative approach with pre & post test control group design was used.100 subjects from rural population, Kale, Karad were selected using Systematic Proportionate sampling technique with randomly allocation of groups, knowledge regarding dog bite wound and its first aid among the subjects was assessed, 15% had good knowledge, 71% had average, while 14% had poor knowledge. The study concluded

that there is a strong need to create awareness amongst the subjects regarding dog bite wound and prompt appropriate wound care through IEC activities.[39]

Abhishek Singh1, Anu Bhardwaj1, Prassana Mithra[2], et.al., (2013) A cross-sectional study of the knowledge, attitude, and practice of general practitioners regarding dog bite management in Northern India using a pre-tested self-administered questionnaire. The study population composed of 100 general practitioners comprising 45 MBBS or above degree holders (Group 1) and 55 other GPs like BAMS, RMPs, etc (Group 2). A total 62% general practitioners did not know the high-risk groups to whom pre-exposure prophylaxis has to be given. There was an apparant lack of awareness among the GPs regarding appropriate animal wound management and vaccine administration. Re-orientation programs and continued medical education for GPs are required to highlight the WHO guidelines regarding treatment of animal bite.[40]

Nelly Lakestani, Morag L. Donaldson et.al., (2013) A case-cohort study was conducted in a aim to investigate whether preschool children can learn how to interpret dogs' behaviours, with the purpose of helping them to avoid dog bites. Three-to five-year-old children (N =70) were tested to know their ability to answer questions about dogs'emotional states before and after participating in either educational intervention about dog behaviour (intervention group) or an activity about wild animals (control group). Children who had received training about dog behaviour (intervention group) were significantly better at judging the dogs' emotional states after the intervention compared to before. The result indicate that preschool children can be taught how to correctly interpret dogs' behaviours. This implies that incorporating such training into prevention programmes may contribute in reducing dog bite incidents.[41]

International Journal of Basic and Applied Virology "Review on Rabies, with Emphasis on Disease Control and Eradication Measures" (2013) Rabies remains the most important zoonotic disease in many countries. Public concern and fears are most focused on dogs as the source of rabies infection to humans and other domestic animals. Rabies in most countries was successfully controlled through mass vaccination of dogs, long before the recognition of bat and other wild life rabies and the availability of modern vaccines. Adequate and appropriate strategies which are based on "One Health" approach are necessary in order to implement efficient control and eradication measures against rabies endemic, especially in developing countries.[42]

Sarah Rheato1 David J. Weber,[2] (2013) A case-cohort study was conducted examine the association between the following risk factors and hospitalization infection, complicated injury, host-defense abnormality, number of previous evaluations for the injury, and anatomic location of the bite. Cases were cohort members who were admitted as inpatients directly from the ED. Logistic regression models, informed by directed acyclic graphs, were used to describe the relationship between each risk factor and hospitalization. Effect measure modification was examined by patient sex and race for the relationship betweenprevious evaluation for the dog bite injury and hospitalization.[43]

2.2 CONCEPTUAL FRAMEWORK

The investigator has adopted Modified Imogene King's Goal Attainment Theory (2011) based on personal and interpersonal systems including perception, action, interaction and transaction.The investigator adopted this basic theory for conceptual framework which is aimed to find out the effectiveness of structured teaching programme on knowledge of mothers regarding management of dog bite and prevention of rabies among children.This involves interaction between the researcher and mothers of children of dog bite.

There are six major concepts.

PERCEPTION

It refers to people's representation of reality. It is not observable but it can be inferred, hence the investigator has the perception for the assessment of demographic variable and pre test assessment about the effectiveness of structured teaching programme on knowledge of mothers regarding management of dog bite and prevention of rabies among mothers of children, undergoing treatment in the Anti-Rabies Vaccine Outpatient department at Institute of Child Health and Hospital for Children Egmore, Chennai-08.

JUDGEMENT

The investigator has decided to give education to mothers of children to improve their knowledge about management of dog bite and prevention of rabies.

ACTION

It refers any changes that have to be achieved. The investigator has planned for structured teaching programme on management of dog bite and prevention of rabies among mothers of children to update their knowledge.

REACTION

The investigator reaction is to set goal which is increasing the knowledge regarding management of dog bite and prevention of rabies

INTERACTION

It refers to the verbal and nonverbal behaviour between one individual and environment or between two or more individual who involve goal directed perception and communication. Here the investigator interacts with the mothers of children by giving pretest and structured teaching programme.

TRANSACTION

In this stage the investigator reassesses the knowledge regarding management of dog bite and prevention of rabies on mothers of children by conducting post test. The feed back to gain adequate knowledge regarding management of dog bite and prevention of rabies.

CHAPTER- III
RESEARCH METHODOLOGY

This chapter deals with the methodology adopted for the study and includes the description of research design, setting, population and sample size sampling technique, criteria for sample selection instruments for data collection

3.1 RESEARCH APPROACH

Quantitative research approach

3.2 STUDY DESIGN

The research design adopted for the study was Pre experimental design (one group pre-test post-test design) with manipulation, and no randomization and no control group.

Table-3.1 Description of Study Design

Pretest	Intervention	Post test
O1	X	O2

Key notes

O_1 Pretest assessment of knowledge of group of sample

X Structured teaching programme on management of dog bite and prevention of rabies.

O_2 Posttest assessment of knowledge of the same group of sample.

3.3 STUDY SETTINGS

The study was conducted at the Institute of Child Health and Hospital for Children, Egmore, Chennai-08. The department was started in 1948, at Government General Hospital and then upgraded in 1957 for public service. It is an 867 bedded children hospital with tertiary care

centre, referral, Nodal centre for IMNCI, and also research centre. This hospital is renowned for its excellence in medical experts, nursing care and quality diagnostic service. Institute of Child Health and Hospital for Children has department like IMNCI, NICU, SICU and other specialities available, which are rendering comprehensive care to Chennai and for neighbouring state like Andhra Pradesh also.

The rationale for selecting this area is feasibility and availability of adequate samples.

3.4. DURATION OF THE STUDY

Four weeks.

3.5 STUDY POPULATION

Target Population

Mothers who have children with history of dog bite in Anti-Rabies Vaccine at Institute of Child Health and Hospital for Children, Egmore, Chennai-08.

Accessible Population

Mothers of children with the history of dog bite and who are available during the period of data collection

3.6. STUDY SAMPLE

Sample comprised of mothers of children with dog bite who are attending the Anti-Rabies Vaccine Outpatient department and met the inclusion criteria.

3.7. SAMPLE SIZE

60 mothers of children with dog bite who met with the inclusion criteria in Institute of Child Health and Hospital for Children, Egmore, Chennai-08.

3.8 SAMPLING CRITERION

3.8.1. Inclusion Criteria

- ❖ Mothers who are available at the time of data collection
- ❖ Mothers who are willing to participate
- ❖ Mothers with children with the history of dog bite
- ❖ Mothers who are attending Anti-Rabies Vaccine Outpatient department

3.8.2. Exclusion Criteria

The study excludes

- ❖ Mothers who are not able to read and write Tamil
- ❖ Mothers who are attending for other Immunization Outpatient department.

3.9 SAMPLING TECHNIQUE

Non Probability purposive sampling technique

3.10 RESEARCH VARIABLES

3.10.1. Independent Variables

Structured teaching programme on management of dog bite and prevention of rabies.

3.10.2. Dependent Variable

Knowledge of mothers on management of dog bite and prevention of rabies

3.11. DEVELOPMENT AND DESCRIPTION OF TOOL

3.11.1. Development of the tool

Appropriate semi structured questionnaire tool has been developed. After extensive review of literature and obtained. Experts opinion and content validity from Medical, Nursing and Statistics department were obtained. Construction and pre-testing of tool was done during pilot study. Direct assessment of client was performed during data collection.

3.11.2 Description of Tool

Self-administered questionnaire, which consist of 2 sections.

Section –A

This section consists of information about demographic variables such as age**,** gender, birth order, education of mother, occupation of mother, area of residence, do you have any pet animals in your home, what type of pet animals do you have, what type of dog you have been bitten, have you registered your dog in blue cross (if pet animal)

Section- B

This section deals with semi structured questionnaire for assessment of knowledge regarding management of dog bite and prevention of rabies. It consists of 25 multiple choice questions. Each correct answer will be given the score of ‘one’ and the wrong answer will be given the score of ‘zero’. The total possible score will be 25.

3.11.3. Scoring Procedure

Section-A: The demographic variables were coded to assess the background of the mothers and thereby to subject it for statistical analysis.

Section-B: In the semi structured knowledge questionnaire each correct answer was given a score of 'one' and the wrong answer was given a score of 'zero'

Score	Grade	Interpretation
>75%	A	Adequate knowledge
51-75%	B	Moderate knowledge
≤50%	C	Inadequate knowledge

BLUE PRINT

Table 3.2 Blue print of Semi structured questionnaire tool

S. No	Categories	Items	Total items	Percentage
1.	Meaning	1,2	2	8%
2.	Etiology	3,4,5	3	12%
3.	Signs and Symptoms	6	1	4%
4.	Management	7,8,9,10,11,12,13,14 15,16, 17, 18	12	48%
5.	Prevention	19,20	4	16%
6.	Complication	21	2	8%
7.	Home Management	22, 23 24, 25	1	4%
	Total	25		100

3.12. CONTENT VALIDITY

Content validity of the tool was obtained from Medicine, Nursing experts in the field of Child Health, they suggested certain modification, the expert's suggestions were incorporated in the tool, the tool was finalized and used for the main study.

3.13. RELIABILITY OF THE TOOL

The reliability of the tool was determined by using Test – Retest method. There was significant correlation with the Test and Retest according to Karl Pearson correlation coefficient. The reliability of the tool was 0.82. This score indicates high correlation. Hence the tool was found to be reliable to conduct the main study.

3.14. PROTECTION OF HUMAN SUBJECTS

Permission was obtained from the Institutional Ethics Committee, Director, Institute of Child Health and Hospital for Children, Egmore, Chennai-8 and all respondents were carefully informed about the purpose of the study and their part during the study and how the privacy will be guarded. Researcher explained the procedure and got written consent from the samples before interviewed. The freedom was given to the clients to leave the study at her without assigning any reason. The study information were kept confidential. Routine care was not disturbed, the investigator followed the ethical guidelines during the data collection procedure.

3.15. PILOT STUDY

In order to check feasibility, relevance and practicability of the study, pilot study was conducted among 10 samples of mothers of children with dog bite at Institute of Child Health and Hospital for Children for a period of one week. According to purposive sampling technique ten samples were taken using questionnaire method the

effectiveness of structured teaching programme on dog bite among mothers of children was assessed. The result of the pilot study showed that there was a positive correlation between the knowledge of mothers of children and the study was found to be feasible.

3.16. DATA COLLECTION PROCEDURE

The formal permission was obtained from the Director and Head of the Department of Institute of Child Health and Hospital for Children for conduction of pilot study and main study. The main study was conducted for four weeks, Monday to Saturday. The data was collected from 8am to 4pm with subjects who met the inclusion criteria and on each sample spent approximately 15 -30 minutes.

The study sample was selected by purposive time of sampling method based on sample selection criteria. After the initial task assembled the mothers, then investigator introduced herself, explained the purpose of study, got informed consent and ensured confidentiality. Explained the mothers that they have right to withdraw from the study anytime and assured that the details of their profile will be maintained confidentially. The data collection includes collecting demographic data followed by investigator accommodated the mothers comfortably and assessed (Pre test) the knowledge of mothers, regarding management of dog bite and prevention of rabies by using semi structured questionnaire tool in Tamil obtained.

The Structured teaching programme was implemented on the same day for 45 minutes using lecture cum discussion method with Flip card and Pamphlet which was prepared by the researcher after consulting with the Experts. The mothers participated with interest. They were alert and enthusiastic, teaching certain points were repeated for better understanding, doubts were clarified by explaining and pamphlet was given to each mother at the end of the session. After 7 days of interval

the post test was conducted for 15-30 minutes among the sample using the same questionnaire. The investigator observed and scored the knowledge of mothers, regarding management of dog bite and prevention of rabies. The data collection procedure was terminated by thanking the respondents

3.17 INTERVENTION PROTOCOL

Place	:	Anti-Rabies Vaccine Outpatient Department, Institute of Child Health and Hospital for Children, Chennai-08
Intervention tool	:	Structured Teaching Programme
Duration	:	45 minutes
Frequency	:	One-time teaching
Time	:	8 to 4pm
Administered by	:	Investigator
Recipient	:	Mothers of children attending Anti-Rabies Vaccine Outpatient Department

3.18. DATA ENTRY AND ANALYSIS

- The collected data was arranged and tabulated to represent the findings of the study. Both descriptive and inferential statistics were used.

- Descriptive statistics (frequency and percentage distribution, mean and standard deviation) and inferential statistics (paired test, chi square test and Generalized McNemar's test) were used to test the research hypothesis.

- Demographic variables in categorical /dichotomous variables were given in frequencies with their percentages.

- Knowledge score were given in mean and standard deviation. Difference between pre-test and post-test were analyzed using student paired t- test

- Statistical significant difference between pre-test and post-test level of knowledge score were analyzed using Generalized Mc. Nemar test.

- Association between level of knowledge score with demographic variables were analyzed using chi square test.

- Difference between pre-test and post-test difference on effectiveness on structured teaching programme were analyzed using mean difference with 95% CI. $P<0.001$ was considered statistically significant.

CHAPTER-IV
DATA ANALYSIS AND INTERPRETATION

This chapter presents the analysis and interpretation of data collected from 60 subjects using a semi structured questionnaire to assess knowledge regarding management of dog bite and prevention of rabies among children. The data was analyzed according to the objectives and hypothesis formulated for purpose of this study.

Analysis is the process of organizing and synthesizing the data in such a way that research questions can be answered and hypothesis tested. The purpose of analysis is to reduce the data into an intelligible and interpretable form, so that the relation of research problem can be studied and tested. Analysis and interpretation of data collected from 60 subjects is done based on the objectives and hypothesis of the study using descriptive and inferential statistics.

ORGANIZATION OF DATA

The analysis of the data has been organized and presented under the following headings.

Section-A: Description of frequency and percentage distribution of demographic variables

Section- B: Assessment of pretest knowledge among mothers of children with dog bite.

Section-C: Assessment of posttest knowledge among mothers of children with dog bite.

Section-D: Comparison of pretest and posttest knowledge and effectiveness of structured teching programme among mothers of children with dog bite.

Sectioin-E: Association between the posttest level knowledge with demographic variables of mothers of children with dog bite

STATISTICAL ANALYSIS

- Demographic variables in categories were given in frequencies with their percentages.
- Knowledge score were given in mean and standard deviation.
- Association between demographic variables and knowledge score were analyzed using pearson chi square test
- Quantitative knowledge score in pre-test and post-test were compared using student's paired t-test.
- Qualitative level of knowledge in pre test and post test were compared using Stuart-Maxwell test / generalized Mc. Nemar test
- Association between knowledge gain score with demographic variables are assessed using one-way ANOVA F-test and student independent t –test.
- Simple bar diagram, Multiple bar diagram, Pie diagram, subdivided bar diagram and Box plot were used to represent the data
- $P<0.05$ was considered statistically significant. All statistical test are two tailed test.

SECTION-A : DESCRIPTION OF DEMOGRAPHIC VARIABLES OF STUDY PARTICIPANTS

Table-4.1 : Reveals distribution of demographic variables of mothers of children with dog bite

Demographic Variables		No. of Mothers	%
Age	0 -4 years	18	30.0%
	4 -8 years	26	43.3%
	8 -12 years	10	16.7%
	12 -18 years	6	10.0%
Gender	Male	38	63.3%
	Female	22	36.7%
Birth order	One	31	51.7%
	Two	25	41.6%
	Three	4	6.7%
	> Three	0	0.0%
Education of mother	No formal education	6	10.0%
	Primary school	21	35.0%
	Middle school	16	26.7%
	High school	9	15.0%
	Secondary	8	13.3%
Occupation of mother	House wife	29	48.4%
	Self employed	14	23.3%
	Private	15	25.0%
	Government	2	3.3%
Area of residence	Rural	16	26.7%
	Urban	36	60.0%
	Semi-urban	8	13.3%
Do you have any pet animals in your home?	Yes	13	21.7%
	No	47	78.3%
What type of pet animals do you have?	Cat	3	5.0%
	Parrot	1	1.7%
	Dog	9	15.0%
	No pet	47	78.3%
What type of dog you have been bitten?	Street dog	26	43.3%
	Stray dog	34	56.7%
	Pet animals	0	0.0%
Have you registered your dog in blue cross(if pet animal)	Yes	7	77.8%
	No	2	22.2%

SECTION- B : ASSESSMENT OF PRETEST KNOWLEDGE AMONG MOTHERS OF CHILDREN WITH DOG BITE

Table-4.2 : Pretest Percentage of Knowledge of Mothers regarding Management of Dog Bite and Prevention of Rabies in children

Domains	No. of Questions	Min – Max Score	Knowledge score		
			Mean	Sd	% of mean score
Meaning	2	0 -2	0.98	0.68	49.00%
Etiology	3	0 - 3	1.53	0.57	51.00%
Signs and Symptoms	1	0 - 1	0.48	0.60	48.00%
Management	12	0 - 12	4.53	1.23	37.75%
Prevention	2	0 - 2	0.70	0.62	35.00%
Complication	1	0 - 1	0.42	0.50	42.00%
Home management	4	0 - 4	1.48	0.81	37.00%
Total	25	0 - 25	10.13	2.13	40.52%

Table 4.2 shows each domain wise mothers pre-test percentage of knowledge regarding **Management of dog bite** and **Prevention of rabies in children**. They are having maximum knowledge in **Etiology** (51.00%) and minimum knowledge score in **Prevention** (35.00%).

Table 4.3: Pretest Knowledge Score

	No. of questions	Min – Max score	Knowledge score	
			Mean ±SD score	%
Overall score	25	0 -25	10.13±2.13	40.52%

Table 4.3 shows, mother's pre-test percentage of knowledge on regarding management of dog bite and prevention of rabies in children. Overall pretest percentage of knowledge score is 40.52% among mothers.

Table 4.4: Pretest Level of Knowledge

Level of Knowledge	No. of mothers	%
Inadequate knowledge	50	83.3%
Moderate knowledge	10	16.7%
Adequate knowledge	0	0.0%
Total	60	100%

Table No.4.4 shows the mothers level of knowledge regarding management of dog bite and prevention of rabies in children.

In general, 83.3% of the mothers are having inadequate level of knowledge score and 16.7% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score.

Table 4.5: Knowledge Score Interpretation

Min=0 Max=1 Total questions=25 Maximum marks= 25

S. No.	Grade	Percentage	Marks
1.	Inadequate knowledge	0 – 50 %	≤ 12.5
2.	Moderate knowledge	50 – 75%	12.6-18.75
3.	Adequate knowledge	76 – 100%	18.76.-25.00

SECTION –C : ASSESSMENT OF POSTTEST KNOWLEDGE AMONG MOTHERS OF CHILDREN WITH DOG BITE.

Table-4.6: Posttest percentage of knowledge of mothers regarding management of dog bite and prevention of rabies in children

Domains	No. of questions	Min – Max score	Knowledge score		
			Mean	SD	% of mean score
Meaning	2	0 -2	1.78	0.42	89.00%
Etiology	3	0 - 3	2.58	0.72	86.00%
Signs and Symptoms	1	0 - 1	0.93	0.25	93.00%
Management	12	0 - 12	9.63	1.66	80.25%
Prevention	2	0 - 2	1.63	0.49	81.50%
Complication	1	0 - 1	0.87	0.34	87.00%
Home management	4	0 - 4	3.62	0.72	90.50%
Total	25	0 - 25	21.05	2.31	84.20%

Table 4.6 shows each domain wise mothers post-test percentage of knowledge regarding **Management of dog bite and Prevention of rabies in children**. They were having maximum knowledge in **Signs and Symptoms** (93.00%) and minimum knowledge score in **Management** (80.25%).

Table-4.7: Post Test Knowledge Score

	No. of questions	Min – Max score	knowledge score	
			Mean ±SD score	%
Overall score	25	0 -25	21.05±2.31	84.20%

Table 4.7 shows, mother's post-test percentage of knowledge on regarding Management of dog bite and Prevention of rabies in children. Overall post-test percentage of knowledge score is 84.20% among mothers.

Table-4.8: Posttest Level of Knowledge

Level of Knowledge	No. of mothers	%
Inadequate knowledge	0	0.0%
Moderate knowledge	9	15.0%
Adequate knowledge	51	85.0%
Total	60	100%

Table No.4.8 shows the mothers level of knowledge regarding Management of dog bite and Prevention of rabies in children.

In general, none of the mothers were having inadequate level of knowledge score and 15.0% of them were having moderate level of knowledge score and 85.0% of them were having adequate level of knowledge score.

SECTION –D : COMPARISON OF PRETEST AND POSTTEST KNOWLEDGE AND EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME AMONG MOTHERS OF CHILDREN WITH DOG BITE

Table 4.9: Comparison of Pretest and Posttest Level of Knowledge Score

Level of Knowledge	Pretest		Posttest		Generalized McNemar's test
	N	%	n	%	
Inadequate knowledge	50	83.3%	0	0.0%	$\chi 2=26.11$ P=0.001***(S)
Moderate knowledge	10	16.7%	9	15.0%	
Adequate knowledge	0	0.0%	51	85.0%	
Total	60	100%	60	100.0%	

*significant at p<0.05 level

Table no.4.9 shows the pretest and post-test level of knowledge among mothers

Before STP, 83.3% of the mothers were having inadequate level of knowledge score and 16.7% of them having moderate level of knowledge score and none of them were having adequate level of knowledge score.

After STP, none of the mothers were having inadequate level of knowledge score and 15.0% of them having moderate level of knowledge score and 85.0% of them were having adequate level of knowledge score.

Level of knowledge gain of between pretest and posttest were calculated using Generalized McNemar's chi-square test.

Table-4.10 : Comparison of Pretest and Posttest Knowledge Score

Knowledge on	Pretest		Posttest		Mean Difference	Student's paired t-test
	Mean	SD	Mean	SD		
Meaning	0.98	0.68	1.78	0.42	0.8	t=7.97P=0.001 *** DF=59 Significant
Etiology	1.53	0.57	2.58	0.72	1.05	t=9.12 P=0.001 *** DF=59 Significant
Signs and Symptoms	0.48	0.60	0.93	0.25	0.45	t=4.98 P=0.001 *** DF=59 Significant
Management	4.53	1.23	9.63	1.66	5.1	t=20.30 P=0.001 *** DF=59 Significant
Prevention	0.70	0.62	1.63	0.49	0.93	t=10.54 P=0.001 *** DF=59 Significant
Complication	0.42	0.50	0.87	0.34	0.45	t=5.60 P=0.001 *** DF=59 Significant
Home management	1.48	0.81	3.62	0.72	2.14	t=14.28 P=0.001 *** DF=59 Significant
Total	10.13	2.13	21.05	2.31	10.92	t=32.13 P=0.001 *** DF=59 Significant

DF= Degrees of Freedom *** very high significant at $P \leq 0.001$

Table No 4.10 shows the comparison of mother's pretest and posttest knowledge score regarding management of dog bite and prevention of rabies in children.

Knowledge regarding

1) ***Meaning:*** In pretest, mothers were having 0.98 score whereas in posttest they were having 1.78 score. Difference is 0.80. This difference is large and it is statistically significant.

2) ***Etiology:*** In pretest, mothers were having 1.53 score whereas in posttest they were having 2.58 score. Difference is 1.05. This difference is large and it is statistically significant.

3) ***Signs and Symptoms:*** In pretest, mothers were having 0.48 score whereas in posttest they were having 0.93 score. Difference is 0.45. This difference is large and it is statistically significant.

4) ***Management:*** In pretest, mothers were having 4.53 score whereas in posttest they were having 9.63 score. Difference is 5.10. This difference is large and it is statistically significant.

5) ***Prevention:*** In pretest, mothers were having 0.70 score whereas in posttest they were having 1.63 score. Difference is 0.93. This difference is large and it is statistically significant.

6) ***Complication:*** In pretest, mothers were having 0.42 score whereas in posttest they were having 0.87 score. Difference is 0.45. This difference is large and it is statistically significant.

7) ***Home Management:*** In pretest, mothers were having 1.48 score whereas in posttest they were having 3.62 score. Difference is 2.14. This difference is large and it is statistically significant.

Significance difference between pretest and posttest score were calculated using student paired t-test.

Table-4.11: Comparison of Overall Knowledge Score before and after Structured Teaching Programme

	No. of mothers	**Pretest Mean±SD**	**Posttest Mean±SD**	**Mean difference Mean±SD**	**Student's paired t-test**
Overall Knowledge Score	60	10.13 ± 2.13	21.05 ± 2.31	10.92 ± 2.63	t=32.13 P=0.001*** DF = 59, significant

* significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001

Table no 4.11 shows the comparison of overall knowledge before and after the administration of STP.

On an average, mother's knowledge were improved from 10.13 to 21.05 after the administration of structured teaching programme. In pretest they were able to answer only 10 questions before administration of STP, after administration of STP they were able to answer up to 21 questions.

After STP they were able to answer 11 more questions correctly. This difference is statistically significant. Statistical significance were calculated by using Student's paired 't'test.

Table-4.12: Each Domainwise Pre test and Post test Percentage of Knowledge

Domains	Posttest Knowledge	Pretest Knowledge	% of Knowledge Gain
Meaning	89.00%	49.00%	42.78%
Etiology	86.00%	51.00%	56.77%
Signs and Symptoms	93.00%	48.00%	26.11%
Management	80.25%	37.75%	43.33%
Prevention	81.50%	35.00%	32.78%
Complication	87.00%	42.00%	66.66%
Home management	90.50%	37.00%	35.56%
Overall	84.20%	40.52%	43.68%

Table 4.12 shows each domain wise percentage of knowledge gain score among mothers

Table 4.13 : Effectiveness and Generalization of Structured Teaching Programme

	Max score	**Mean score**	**Mean Difference of knowledge gain score with 95% Confidence interval**	**Percentage Difference of knowledge gain score with 95% Confidence interval**
Pretest	25	10.13	10.92 (10.23 – 11.60)	40.52% (40.92% –46.40%)
Posttest	25	21.05		

Table no 4.14 shows the effectiveness of structured teaching programme among mothers.

On an average, in posttest after having STP, mothers were gained 40.52% more knowledge score than pretest score.

Differences and generalization of knowledge gain score between pretest and posttest score were calculated using and mean difference with 95% CI and proportion with 95% CI.

SECTION – E: ASSOCIATION BETWEEN THE POSTTEST KNOWLEDGE AND AMONG MOTHERS OF CHILDREN WITH DOG BITE WITH DEMOGRAPHIC VARIABLE.

Table-4.14: Association between pretest level of knowledge and their demographic variables

Demographic variables		Pretest level of knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	n %	n	%		
Age	0 -4 years	15	83.3%	3	16.7%	0	0.0%	18	$\chi 2$=0.44 P=0.93 (NS)
	4 -8 years	21	80.8%	5	19.2%	0	0.0%	26	
	8 -12 years	9	90.0%	1	10.0%	0	0.0%	10	
	12 -18 years	5	83.3%	1	16.7%	0	0.0%	6	
Gender	Male	32	84.2%	6	15.8%	0	0.0%	38	$\chi 2$=0.06 P=0.81 (NS)
	Female	18	81.8%	4	18.2%	0	0.0%	22	
Birth order	One	26	83.9%	5	16.1%	0	0.0%	31	$\chi 2$=1.00 P=0.60 (NS)
	Two	20	80.0%	5	20.0%	0	0.0%	25	
	Three	4	100.0%	0	0.0%	0	0.0%	4	
	> Three	0	0.0%	0	0.0%	0	0.0%	0	
Education of mother	No formal education	6	100.0%	0	0.0%	0	0.0%	6	$\chi 2$=4.73 P=0.31 (NS)
	Primary school	17	81.0%	4	19.0%	0	0.0%	21	
	Middle school	15	93.8%	1	6.3%	0	0.0%	16	
	High school	6	66.7%	3	33.3%	0	0.0%	9	
	Secondary	6	75.0%	2	25.0%	0	0.0%	8	
Occupation of mother	House wife	25	86.2%	4	13.8%	0	0.0%	29	$\chi 2$=1.71 P=0.63 (NS)
	Self employed	12	85.7%	2	14.3%	0	0.0%	14	
	Private	11	73.3%	4	26.7%	0	0.0%	15	
	Government	2	100.0%	0	0.0%	0	0.0%	2	

Demographic variables		Pretest level of knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	n %	n	%		
Area of residence	Rural	15	93.8%	1	6.3%	0	0.0%	16	$\chi 2$=1.85 P=0.39 (NS)
	Urban	29	80.6%	7	19.4%	0	0.0%	36	
	Semi-urban	6	75.0%	2	25.0%	0	0.0%	8	
Do you have any pet animals in your home?	Yes	13	100.0%	0	0.0%	0	0.0%	13	$\chi 2$=3.31 P=0.07 (NS)
	No	37	78.7%	10	21.3%	0	0.0%	47	
What type of pet animals do you have?	Cat	3	100.0%	0	0.0%	0	0.0%	3	$\chi 2$=3.33 P=0.35 (NS)
	Parrot	1	100.0%	0	0.0%	0	0.0%	1	
	Dog	9	100.0%	0	0.0%	0	0.0%	9	
	No pet	37	78.7%	10	21.3%	0	0.0%	47	
What type of dog you have been bitten?	Street dog	21	80.8%	5	19.2%	0	0.0%	26	$\chi 2$=0.21 P=0.64 (NS)
	Stray dog	29	85.3%	5	14.7%	0	0.0%	34	
	Pet animals	0	0.0%	0	0.0%	0	0.0%	0	
Have you registered your dog in blue cross(if pet animal)	Yes	9	100.0%	0	0.0%	0	0.0%	9	$\chi 2$=2.11 P=0.14 (NS)
	No	41	80.4%	10	19.6%	0	0.0%	51	

Table no 4.14 shows the association between pretest level of knowledge and their demographic variables. None of the demographic variables were significantly associated with their pretest level of knowledge score

Statistical significance was calculated using pearson chi square test.

Table-4.15: Association between Posttest Level of Knowledge and their Demographic Variables

Demographic Variables		Post-test level of knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Age	0 -4 years	0	0.0%	3	16.7%	15	83.3%	18	$\chi 2$=1.29 P=0.73 (NS)
	4 -8 years	0	0.0%	4	15.4%	22	84.6%	26	
	8 -12 years	0	0.0%	2	20.0%	8	80.0%	10	
	12 -18 years	0	0.0%	0	0.0%	6	100.0%	6	
Gender	Male	0	0.0%	7	18.4%	31	81.6%	38	$\chi 2$=0.95 P=0.32 (NS)
	Female	0	0.0%	2	9.1%	20	90.9%	22	
Birth order	One	0	0.0%	3	9.7%	28	90.3%	31	$\chi 2$=2.98 P=0.22 (NS)
	Two	0	0.0%	6	24.0%	19	76.0%	25	
	Three	0	0.0%	0	0.0%	4	100.0%	4	
	> Three	0	0.0%	0	0.0%	0	0.0%	0	
Education of mother	No formal education	0	0.0%	4	66.7%	2	33.3%	6	$\chi 2$=15.64 P=0.01** (S)
	Primary school	0	0.0%	3	14.2%	18	85.8%	21	
	Middle school	0	0.0%	2	12.5%	14	87.5%	16	
	High school	0	0.0%	0	0.0%	9	100.0%	9	
	Secondary	0	0.0%	0	0.0%	8	100.0%	8	
Occupation of mother	House wife	0	0.0%	1	3.4%	28	96.6%	29	$\chi 2$=8.91 P=0.03* (S)
	Self employed	0	0.0%	2	14.3%	12	85.7%	14	
	Private	0	0.0%	5	33.3%	10	66.7%	15	
	Government	0	0.0%	1	50.0%	1	50.0%	2	

Demographic Variables		Post-test level of knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Area of residence	Rural	0	0.0%	5	31.3%	11	68.7%	16	$\chi 2$=6.45 P=0.04* (S)
	Urban	0	0.0%	2	5.6%	34	94.4%	36	
	Semi-urban	0	0.0%	2	25.0%	6	75.0%	8	
Do you have any pet animals in your home?	Yes	0	0.0%	0	0.0%	13	100.0%	13	$\chi 2$=4.87 P=0.03* (S)
	No	0	0.0%	9	19.1%	38	80.9%	47	
What type of pet animals do you have?	Cat	0	0.0%	1	33.3%	2	66.7%	3	$\chi 2$=7.18 P=0.07 (NS)
	Parrot	0	0.0%	0	0.0%	1	100.0%	1	
	Dog	0	0.0%	4	44.4%	5	55.6%	9	
	No pet	0	0.0%	4	8.5%	43	91.5%	47	
What type of dog you have been bitten?	Street dog	0	0.0%	2	7.7%	24	92.3%	26	$\chi 2$=1.92 P=0.17 (NS)
	Stray dog	0	0.0%	7	20.6%	27	79.4%	34	
	Pet animals	0	0.0%	0	0.0%	0	0.0%	0	
Have you registered your dog in blue cross(if pet animal)	Yes	0	0.0%	3	33.3%	6	66.7%	9	$\chi 2$=2.79 P=0.10 (NS)
	No	0	0.0%	6	11.8%	45	88.2%	51	

Table no 4.15 shows the association between posttest level of knowledge and their demographic variables.

More educated mothers, housewife mothers, urban mothers and pet animals having mothers are gained more knowledge score than others.

Statistical significance were calculated using pearson chi square test.

Table-4.16: Association between Knowledge Gain Score and Demographic Variables

Demographic Variables		N	Knowledge gain score						Oneway ANOVA F-test/t-test
			Pretest		Posttest		Gain score=Post-Pre		
			Mean	SD	Mean	SD	Mean	SD	
Age	0 -4 years	18	10.33	2.22	20.94	2.48	10.61	2.43	F=0.53 P=0.66 (NS)
	4 -8 years	26	10.23	2.14	20.92	2.35	10.69	2.63	
	8 -12 years	10	9.30	2.11	20.80	2.04	11.50	3.27	
	12 -18 years	6	10.50	1.97	22.33	2.16	11.83	2.32	
Gender	Male	38	9.92	2.22	20.68	2.21	10.76	2.78	t=0.59 P=0.56 (NS)
	Female	22	10.50	1.95	21.68	2.40	11.18	2.38	
Birth order	One	31	10.39	2.08	21.55	2.43	11.16	2.83	F=1.20 P=0.31 (NS)
	Two	25	9.68	2.29	20.60	2.18	10.92	2.47	
	Three	4	11.00	0.82	20.00	1.41	9.00	1.41	
Education of mother	No formal education	6	10.33	1.63	18.68	2.07	8.35	1.47	F=2.56 P=0.04* (S)
	Primary school	21	9.71	2.05	20.14	2.33	10.43	2.40	
	Middle school	16	10.00	2.31	20.88	2.52	10.88	2.55	
	High school	9	11.33	1.94	22.73	1.27	11.40	3.20	
	Secondary	8	10.00	2.45	22.75	2.17	12.75	3.45	
Occupation of mother	House wife	29	10.07	2.03	22.11	2.45	12.04	1.49	F=3.49 P=0.02* (S)
	Self employed	14	9.50	2.50	20.36	2.71	10.86	2.42	
	Private	15	11.07	1.71	21.14	1.73	10.07	2.45	
	Government	2	8.50	2.12	18.5	.71	10.00	3.00	

Demographic Variables		N	Knowledge gain score						Oneway ANOVA F-test/t-test
			Pretest		Posttest		Gain score=Post-Pre		
			Mean	SD	Mean	SD	Mean	SD	
Area of residence	Rural	16	10.44	1.50	20.07	2.38	9.63	2.13	F=4.66 P=0.01** (S)
	Urban	36	10.03	2.32	22.09	2.37	12.06	2.83	
	Semi-urban	8	10.00	2.45	20.88	2.17	10.88	2.90	
Do you have any pet animals in your home?	Yes	13	8.77	2.24	20.72	2.81	11.95	3.51	t=2.53 P=0.01** (S)
	No	47	10.51	1.95	20.36	2.08	9.85	2.38	
What type of pet animals do you have?	Cat	3	9.33	1.53	19.33	1.15	10.00	2.65	F=1.13 P=0.26 (NS)
	Parrot	1	12.00	0.0	25.00	0.0	13.00	0.0	
	Dog	9	8.22	2.28	19.56	2.83	11.33	3.97	
	No pet	47	10.51	1.95	21.36	2.08	10.85	2.38	
What type of dog you have been bitten?	Street dog	26	10.54	1.84	21.46	2.20	10.92	2.67	t=1.13 P=0.26 (NS)
	Stray dog	34	9.82	2.30	20.74	2.38	10.91	2.64	
Have you registered your dog in blue cross(if pet animal)	Yes	9	8.56	2.19	19.44	2.70	10.89	3.72	t=1.13 P=0.26 (NS)
	No	51	10.41	2.01	21.33	2.14	10.92	2.44	

CHAPTER-V
DISCUSSION

The chapter deals with the discussion of the results of data analysed based on the objectives of the study, hypothesis and the purpose of the study was to assess the effectiveness of structured teaching programme on knowledge of mothers regarding management of dog bite and prevention of rabies among children, undergoing treatment in the Anti-Rabies Vaccine Outpatient department at Institute of Child Health and Hospital for Children, Egmore, Chennai-08".

FINDINGS BASED ON OBJECTIVES

Objective 1: To assess the pre-test existing knowledge of mothers regarding management of dog bite and prevention of rabies in children

During pretest score of knowledge regarding dog bite among mothers of children, they were having maximum knowledge in **Etiology** (51.00%) and minimum knowledge score in **Prevention** (35.00%). Overall pretest percentage of knowledge score is 40.52% among mothers.

Pre-test level of knowledge score regarding dog bite among mothers of children before administration of structured teaching programme are 83.3% of mothers were having inadequate knowledge and 16.7% of them were having moderate knowledge and none of them were having adequate knowledge.

Sangamesh B. Tondare, Mohsin Ahmed, et al.,(2015) A similar study conducted by was assessing the mothers' knowledge regarding First Aid Management of Dog Bites. Study was conducted at Selected Area of Raichur, Karnataka the area was selected by convenient sampling. Simple random sampling method was used to select sample. sample consists of 30 mothers of school age children. A structured

interview questionnaire schedule was developed by the researcher and used in the study. Regarding knowledge about first aid management of dog bite, in pretest, majority 26 mothers had low knowledge. No mother had high knowledge. On the whole, posttest mean scores were higher than pretest mean scores in all the specific areas of first aid management of dog bite indicating the effectiveness of structured teaching programme.[27]

Objective -2: To assess the post-test knowledge of mothers regarding management of dog bite and prevention of rabies in children.

During posttest score of knowledge regarding management of dog bite among mothers of children they were having maximum knowledge in **Signs and Symptoms** (93.00%) and minimum knowledge score in **Management** (80.25%). Overall post-test percentage of knowledge score is 84.20% among mothers.

Posttest level of knowledge score regarding management of dog bite among mothers of children after administration of structured teaching programme in general, none of the mothers were having inadequate knowledge and 15.0% of them were having moderate knowledge and 85.0% of them were having adequate knowledge.

M. Lakshmi Devi(2014) A similar study conducted a pre experimental study approach and one group pretest and posttest design was adopted for the present study. A total of 50 subjects were selected by non-probability convenience sampling method. A structured questionnaire and teaching programme was developed and administered to collect the data. The results revealed that, in pretest assessment among elementary school children 90% had inadequate knowledge, 6% had moderate knowledge, 4% had adequate knowledge on dog bite. In posttest assessment 6% had inadequate knowledge, 20% had moderate

knowledge, 74% had adequate knowledge on dog bite. In overall present mean was 10.14, standard deviation was 4.025 and posttest mean was 24.98, standard deviation was 3.787 with 't' value of 20.574 which is significant at 0.01 level indicates structured teaching programme was effective to increase the knowledge regarding dog bite.[44]

Objective 3: To evaluate the effectiveness of structured teaching programme regarding management of dog bite and prevention of rabies in children

Knowledge regarding

1) **Meaning**: In pretest, mothers were having 0.98 score whereas in posttest they were having 1.78 score. Difference is 0.80. This difference is large and it is statistically significant.

2) **Etiology**: In pretest, mothers were having 1.53 score whereas in posttest they were having 2.58 score. Difference is 1.05. This difference is large and it is statistically significant.

3) **Signs and Symptoms**: In pretest, mothers were having 0.48 score whereas in posttest they were having 0.93 score. Difference is 0.45. This difference is large and it is statistically significant.

4) **Management**: In pretest, mothers were having 4.53 score whereas in posttest they were having 9.63 score. Difference is 5.10. This difference is large and it is statistically significant.

5) **Prevention**: In pretest, mothers were having 0.70 score whereas in posttest they were having 1.63 score. Difference is 0.93. This difference is large and it is statistically significant.

6) **Complication**: In pretest, mothers were having 0.42 score whereas in posttest they were having 0.87 score. Difference is 0.45. This difference is large and it is statistically significant.

7) **Home management**: In pretest, mothers were having 1.48 score whereas in posttest they were having 3.62 score. Difference is 2.14. This difference is large and it is statistically significant.

Total: In pretest mothers were having 10.13 score where as in post -test they were having 21.05 score. Difference score is 10.92. This difference is large and it is statiscally significant.

Knowledge score: Mothers were improved their knowledge from 10.13 to 21.05 after the administration of structured teaching programme. In pretest they were able to answer only 10 questions before administration of structured teaching programme, after administration of structured teaching programme they were able to answer up to 21 questions. Due to structured teaching programme they were able to answer 11 more questions correctly. This difference is statistically significant. Statistical significance was calculated by using student's paired 't'test.

Pretest percentage of knowledge score is 40.52% among mothers. Mainly 83.3% of mothers were having inadequate level of knowledge and 16.7% of them having moderate level of knowledge and none of them were having adequate level of knowledge.

Posttest percentage of knowledge score is 84.20% among mothers. Mostly none of the mothers are having inadequate knowledge and 15.0% of them were having moderate knowledge and 85.0%of them are having adequate knowledge.

Effectiveness of structured teaching programme in **Meaning** mothers gained 42.78% **Etiology** 56.77%, **Signs and Symptoms** mothers gained 26.11%, **Management** mothers gained 43.33%, **Prevention** mothers gained **32.78%, Complication** mothers gained 66.66%, Home management mothers gained 35.56% overall they gained

43.68% This shows effectiveness of structure teaching programme intervention.

The analysis revealed that there was significant difference in the level of knowledge who received structure teaching programme. Hence hypothesis **H_1:** There will be significant difference between the mean pre-test and posttest knowledge regarding management of dog bite and prevention of rabies among mothers of children who received the structure teaching programme.

Objective 4: To associate the post-test knowledge of mothers regarding the management of dog bite and prevention of rabies in children with the selected demographic variable.

Association between posttest level of knowledge and their demographic variables. More educated mothers, housewife mothers, urban mothers and the mothers who have pet animals gained more knowledge score than others. Statistical significance was calculated using pearson chi square test.

H_2: There will be significant association between the posttest of knowledge score and their selected demographic variables.

Jeenath Justin Doss. K (2015) The study had been conducted by in rural area of Bhandu Village in Mehsana District, Gujarat The research design adopted was quasi experimental one group pre-test post-test design. Non-probability convenient sampling technique had been adopted to select the desired sample. The sample size was 60. The collected data were analyzed by using both descriptive and inferential statistical methods. At pretest 12(20%) were reported moderately adequate knowledge and 48(80%) were reported inadequate knowledge and after STP 11(18.33%) were reported adequate knowledge, 44(73.34%)were reported moderately adequate knowledge and only 5(8.33%) were reported inadequate knowledge. The obtained t-test value

46.6735 (mean difference score 7.35) was highly significant at 0.001 level (p=3.4632 value). Chi-square test was used to check the association and found significant association with the following demographic variables like **Education, Religion, Type of family, Education of Father, Mother and Mother's Occupation.**[45]

The analysis revealed that there was high significant association between demographic variables such as Education of mother, Occupation of mother, Area of residence, do you have any pet animals in your home, $\chi 2=26.11$ P=0.001***(S).

The analysis revealed that there was significant association between the knowledge regarding management of dog bite and prevention of rabies among mothers of children with selected demographic variables. Hence H2 was accepted.

CHAPTER –VI
SUMMARY, IMPLICATION, LIMITATION, RECOMMENDATION AND CONCLUSION

This chapter deals with the Summary, Implication, Limitation, Recommendation and Conclusion of the study.

6.1 SUMMARY OF THE STUDY

The study was done to assess the effectiveness of structured teaching programme on knowledge of mothers regarding management of dog bite and prevention of rabies among children, undergoing treatment in the Anti-Rabies Vaccine Outpatient department at Institute of Child Health and Hospital for Children, Egmore, Chennai-08".

The conceptual framework of the study was based on the Modified Imogene King‘s Goal Attainment Model (2001). A pre experimental one group pre- test post –test design was used. The independent variable was structured teaching programme and the dependent variable was knowledge of mothers regarding management of dog bite and prevention of rabies.

The study period was 4 weeks. Purposive sampling technique was used to select sample of the study consists of 60 mothers of children attending anti-rabies vaccine at Institute of Child Health and Hospital for Children, Egmore , Chennai-08. The data was collected using a semi structured questionnaire. Structured teaching programme was implemented with the help of flip card and plamphet. The reliability of the tool was Test-Retest method, descriptive and inferential statistics were used for the data analysis and interpretation.

6.2 MAJOR FINDINGS OF THE STUDY

6.2.1 BASED ON DEMOGRAPHIC DATA FINDINGS

- **Age** of the mothers 43.3% were 4 to 8 years
- **Gender** of the child 63.3% were male
- **Birth order** of the first child is 51.7%
- **Education of mother** 35.0%were Primary school
- **Occupation of mother** 48.4% were House wife
- **Area of residence** 60.0% were Urban
- **Doesn't have pet animals in home** were 78.3% of home.
- **Type of pet animals** 78.3% were no pet.
- **Type of dog you have been bitten** were 56.7% by Stray dog
- **Have you registered dog in blue cross** were 77.8%

The findings of the study revealed a high statistical significance in comparing with pre and post-test of knowledge regarding management of dog bite and prevention of rabies after receiving structured teaching programme.

6.2.2 *BASED ON THEKNOWLEDGE SCORE OF MOTHERS BEFORE AND AFTER STRUCTURED TEACHING PROGRAMME*

In the pre-test they were having maximum knowledge in **Etiology** (51.00%) and minimum knowledge score in **Prevention** of rabies (35. 00%).Overall they were having 40.52% of score among mothers. Level of knowledge score regarding management of dog bite and prevention of rabies among mothers of children before administration of structured teaching programme, 83.3% of mothers were having inadequate

knowledge and 16.7% of them having moderate knowledge and none of them were having adequate knowledge.

In the post-test level of knowledge score knowledge regarding management of dog bite and prevention of rabies in children. Maximum knowledge in **Signs and Symptoms** (93.00%) and minimum knowledge score in **Management** (80.25%). Overall they were having 84.20% of score among mothers. Level of knowledge score regarding management of dog bite and prevention of rabies among mothers of children after administration of structured teaching programme, 85.0% of mothers were having adequate knowledge 15.0% of them were having moderate knowledge and none of them were having inadequate knowledge.

6.2.3 BASED ON COMPARISON OF PRE-TEST AND POST-TEST MEAN KNOWLEDGE SCORE

Knowledge regarding

1) **Meaning**: In pretest, mothers were having 0.98 score whereas in posttest they were having 1.78 score. Difference is 0.80. This difference is large and it is statistically significant.

2) **Etiology**: In pretest, mothers were having 1.53 score whereas in posttest they were having 2.58 score. Difference is 1.05. This difference is large and it is statistically significant.

3) **Signs and Symptoms**: In pretest, mothers were having 0.48 score whereas in posttest they were having 0.93 score. Difference is 0.45. This difference is large and it is statistically significant.

4) **Managemen**t: In pretest, mothers were having 4.53 score whereas in posttest they were having 9.63 score. Difference is 5.10. This difference is large and it is statistically significant.

5) **Prevention**: In pretest, mothers were having 0.70 score whereas in posttest they were having 1.63 score. Difference is 0.93. This difference is large and it is statistically significant.

6) **Complication**: In pretest, mothers were having 0.42 score whereas in posttest they were having 0.87 score. Difference is 0.45. This difference is large and it is statistically significant.

7) **Home management**: In pretest, mothers were having 1.48 score whereas in posttest they were having 3.62 score. Difference is 2.14. This difference is large and it is statistically significant .

Significance difference between pretest and posttest score were calculated using student paired t-test.

6.2.4 FINDINGS BASED ON EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME

In the posttest, the majority of the children 85.0% have adequate knowledge, 15.0% mothers of children have moderately adequate knowledge and none of them have inadequate knowledge. The overall mean of knowledge regarding dog bite in post-test 21.05 with the standard deviation of 2.31 and the t test value was 32.13 which were statistically significant.

6.2.5 FINDINGS BASED ON ASSOCIATION BETWEEN POST-TEST KNOWLEDGE

Association between level of knowledge gain score and their demographic variables. More educated mothers (12.75), housewife mothers (12.04), urban mothers (12.06) and pet animals having mothers are gained more knowledge score than others (11.95). Statistical significance was calculated using Oneway analysis of variance F-test and student independent t-test.

6.3 IMPLICATION OF THE STUDY

The findings of the study have implications in different branches of nursing that is nursing practice, nursing education, nursing education, nursing administration and nursing research, by assessing a level of knowledge mothers of children towards the dog bite. The investigator received a clear picture regarding the different steps to be taken in different field to improve the same.

6.3.1 Nursing Service

- Advance nursing practice is one of the evolving trends in nursing in which hospital has the specified role for the nurses. The nurse specialists play a pivotal role in helping the children to reduce the discomfort by providing the quality care in the prevention of rabies.

- Nursing personnel are in best position to impart knowledge regarding management and prevention of rabies in the hospital, home and in the community as a part of their treatment programme.

- The finding of the study indicates that all health team members should be aware of the need for observing and improving the management of dog bite and also the prevention of rabies among children by their mothers.

- The nurse should up to date their knowledge regarding the management and prevention of rabies among children. So that they will be able to improve knowledge to the mothers of children and their family.

6.3.2 Nursing Education

- The study outlines, the signifance of short term courses and in service education to equip nurses with current knowledge on dog bite.

- Nurse educators when planning the curriculum for the students, it should provide a opportunities for mothers to gain knowledge about the dog bite.

- Nursing personnel should be given in- service education to update their knowledge.

6.3.3 Nursing Administration

- With technological advancement and ever growing challenges of health care needs, the college and hospital administration, have a responsibility to provide nurses, nurse educators with continuing education opportunities on dog bite. This will enable the nurses to update their knowledge and to acquire special skills.

- The study findings will help the administrator to arrange continuing education programme for nurses regarding dog bite. It helps to prepare adequate learning material for giving health education.

- The nurse administrator should take active part in the policy making, developing protocol, standing orders related to health education on dog bite management.

- An educational programme on dog bite need adequate supervision by nursing administrator.

6.3.4 Nursing Research

- There is a need for intensive and extensive research, that opens a big avenue using innovative methods for creating awareness, development of teaching materials and setting up multimedia centres for teaching among the public regarding dog bite.

- These study findings will identify the present knowledge about dog bite to provide necessary inference regarding dog bite prevention and management.

- This study will motivate other investigator, to conduct future studies in this topic.

- This study will help the nurse researchers to develop and set information towards awareness about dog bite and prevention of rabies.

6.4 LIMITATION

- The researcher could not generalize the study findings as the sample size small and also conducted the study in single settings.

- The sample size was limited to 60 mothers.

- The researcher does not conduct this study in large group and also in longer duration.

6.5 RECOMMENDATIONS

Based on the research findings, the following recommendations have been made for further study.

- The same study can be replicated on a large sample and also at different setting.

- A study on practice of mothers on prevention of rabies can be done.
- A similar study can be conducted by using experimental and control group.
- A comparative study can be conducted in rural and urban setting on management of dog bite and prevention of rabies.
- A comparative study can be conducted among employed and unemployed mothers of children.

6.6 CONCLUSION

Mothers must have holistic knowledge regarding care of children with dog bite. Nurses play a vital role in the teaching aspects of management of dog bite. The present study had been supported by a series of other studies which confirmed that the knowledge on management of dog bite is important to get a health of the children, for the prevention and reoccurrence of dog bite. Data analysis and results, it was found that structured teaching programme on management of dog bite and prevention of rabies is effective intervention to prevent the complication of rabies.

Structured teaching programme was conducted to enhance the knowledge of mothers which is essential for performing their activities by making awareness regarding management of dog bite and prevention of rabies and thereby to update their knowledge in children care. The post-test knowledge score of the mothers revealed that 85.0% of mothers had adequate knowledge and 15% of mothers had moderately knowledge and no one had inadequate knowledge. The results revealed that teaching programme was very informative and it would help them to prevent dog bite in children. Hence the structured teaching programme was instructionally effective, appropriate and feasible.

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SOCIO DEMOGRAPIC DATA

SECTION A

Structured teaching programme knowledge of mothers regarding management of dog bite and prevention of rabies.

DEMOGRAPHIC INFORMATION:

Sample Number: _____

1. Age
   a) 0 -4 years [ ]
   b) 4years - 8years [ ]
   c) 8years-12years [ ]
   d) 12years-18years [ ]

2. Gender
   a) Male [ ]
   b) Female [ ]

3. Birth Order
   a) One [ ]
   b) Two [ ]
   c) Three [ ]
   d) More than Three, specify [ ]

4. Educational status of mother
   a) No formal education [ ]
   b) Primary school [ ]
   c) Middle school [ ]
   d) High school [ ]
   e) Secondary school [ ]

5. Occupation of mother
   a) House wife [ ]
   b) Self employed [ ]
   c) Private [ ]
   d) Government [ ]

6. Area of residence

a) Rural [ ]
b) Urban [ ]
c) Semi-urban [ ]

7. Do you have any pet animals in your home?

a) Yes [ ]
b) No [ ]

8. What type of pet animals do you have?

a) Cat [ ]
b) Parrot [ ]
c) Dog [ ]
d) No pet [ ]

9. What type of dog you have been bitten?

a) Street dog [ ]
b) Stray dog [ ]
c) Pet animals [ ]

10. Have you registered your dog in blue cross(if pet animal)

a) Yes [ ]
b) No [ ]

SECTION –B

STRUCTURED QUESTIONNAIRE ON KNOWLEDGE REGARDING RABIES

1. What is meant by rabies?
   a) Vaccine-preventable viral disease [ ]
   b) Cannot be preventable [ ]
   c) Bacterial disease [ ]
   d) Fungal disease [ ]

2. How serious the rabies is?

   a) Can be treated immediately [ ]

   b) Rabies is an extremely painful and deadly disease [ ]

   c) No treatment available [ ]

   d) Painless and be treated [ ]

3. How rabies virus is transmitted from infected child to normal child?

   a) Blood
   [ ]
   b) By touching [ ]

   c) Saliva [ ]

   d) Only by dog bite [ ]

4. What are the animals prone for rabies?

   a) Hen [ ]

   b) Rat

   c) Dog [ ]

   d) Parrot [ ]

5. What is the first symptoms of dog bite?

   a) Fever [ ]

   b) Abnormal behaviour [ ]

   c) Confusion [ ]

   d) No symptoms [ ]

6. What you will do if your child is bitten or scratched by a dog?

   a). Chase the animal [ ]

   b) Be quiet, motionless [ ]

   c) Do nothing [ ]

   d) Wash the wound with lots of soap and water. [ ]

7. What are the effective rabies control measures?

   a) Killing all street dogs [ ]

   b) Vaccine, child after dog bite [ ]

   c) Immunizing periodically your pet animal [ ]

   d) B & C [ ]

8. What are the initial action must be taken when your child was bitten by a pet in home?

   a) Treat the child immediately [ ]

   b) Check for the symptoms [ ]

   c) Confined for 10 days and observed [ ]

   d) Check the dog for signs of rabies [ ]

9. When if a child is exposed to dog bite, what is the treatment to prevent rabies?

   a) Anti-rabies vaccine [ ]

   b) Proper care to affected dog [ ]

   c) Wash the wound with soap and water [ ]

   d) Proper dressing [ ]

10. What are the treatment modalities available for dog bite category I?

    a) Use vaccine only . [ ]

    b) Use immuno globulin plus vaccine [ ]

    c) No exposure therefore no prophylaxis if history reliable [ ]

    d) All the above [ ]

11. What are the treatment modalities available for dog bite category II?

a) Use vaccine alone [ ]

b) Use immunoglobulin plus vaccine [ ]

c) No exposure therefore no prophylaxis if history reliable [ ]

d) All the above [ ]

12. What is your opinion regarding administration of rabies vaccine?

a) Around the umbilicus [ ]

b) Deltoid region [ ]

c) Thigh muscle [ ]

d) Upper arm [ ]

13. What are the treatment modalities available for dog bite category III?

a) Use vaccine alone [ ]

b) Use immunoglobulin plus vaccine [ ]

c) No exposure therefore no prophylaxis if history reliable [ ]

d) All the above [ ]

14. How many dose of vaccine is given for dog bite?

a) 1 dose [ ]

b) 16 dose [ ]

c) 5 dose [ ]

d) 10 dose [ ]

15. When you will approach to get Anti rabies vaccine at Anti- rabies vaccine OPD after dog bite?

a) 0,2,4,8,28 [ ]

b) 0,2,6,10 [ ]

c) 0,3,7,14,28 [ ]

d) 0,2,4,8,28 [ ]

16. What are the measures to be taken in case of contamination of mucous membrane with dog's saliva?

a) Wound management, rabies immunoglobulin [ ]

b) Wound management alone [ ]

c) Rabies immunoglobulin [ ]

d) No treatment only supervision [ ]

17. When you see a street dog what you will do to avoid bite ?

a) Run away [ ]

b) Be quiet, motionless [ ]

c) eye contact with dog. [ ]

d) Throw stones on the dog [ ]

18. How long you should watch the dog for signs of rabies?

a) 10 days [ ]

b) 5 days [ ]

c) 3days [ ]

d) No need to take care of dog [ ]

19. How can you protect an anti-rabies vaccine immunized child if bitten again by a rabid dog?

a) Vaccinated child should receive two more doses of rabies vaccine [ ]

b) Vaccinated child no need to receive rabid vaccine. [ ]

c) Receive one dose of anti-rabies vaccine [ ]

d) No vaccine available before dog bite [ ]

20. How will you prevent to keep away unwanted animals from your home?

a) Leave bowls of pet food on the deck [ ]

b) Keep garbage in tightly covered garbage cans [ ]

c) Allowing the children to play together [ ]

d) All the above [ ]

21. What are the action will you carry out to your child after vaccination?

a) Take rest for 2 days [ ]

b) Attention of dog [ ]

c) Not to rub at the site of injection after administration of vaccine [ ]

d) Follow up [ ]

22. What are the complication of rabies?

a) Pain [ ]

b) Fever [ ]

c) Death caused by breathing failure [ ]

d) No complication [ ]

23. What is the diet preferable for child after dog bite?

a) Avoid fried items [ ]

b) Avoid brinjal [ ]

c) No diet restriction [ ]

d) Avoid allergic foods [ ]

24. What are the important points to be avoided after rabies?

a) Advised to complete full course of vaccine as per schedule [ ]

b) Avid chillies, oil, lime turmeric [ ]

c) Avoid the person after dog bite [ ]

d) Kill the rabies dog [ ]

25. How can you protect your family and pet from rabies?

a) Anti-rabies vaccine [ ]

b) Proper care to affected dog [ ]

c) Wash the wound with soap and soap [ ]

d) Proper dressing [ ]

Key answers:

1.	a
2.	d
3.	c
4.	c
5.	a
6.	d
7.	d
8.	a
9.	a
10.	c
11.	a
12.	d
13.	b
14.	c
15.	c
16.	d
17	b
18	a
19	a
20	b
21.	c
22.	c
23	c
24.	a
25.	a

கேள்விப் படிவம்

பகுதி-அ

I. குழந்தை பற்றிய அடிப்படைத் தகவல்

மாதிரி எண்: .....

1) வயது

அ) 0-4 வயது ☐

ஆ) 4-8 வயது ☐

இ) 8-12 வயது ☐

ஈ) 12-18 வயது ☐

2) பாலினம்

அ) ஆண் ☐

ஆ) பெண் ☐

3) பிறப்பு வரிசை

அ) ஒன்று ☐

ஆ) இரண்டு ☐

இ) மூன்று ☐

ஈ) மூன்றுக்கு மேல், குறிப்பிடு ☐

4) தாயாரின் கல்வித்தகுதி

அ) கல்வி அறிவற்றவர் ☐

ஆ) ஆரம்பக் கல்வி ☐

இ) உயர்நிலைக் கல்வி ☐

ஈ) பட்டதாரி ☐

5) தாயாரின் தொழில்

அ) இல்ல நிர்வாகம் ☐

ஆ) சுயதொழில் ☐

இ) தனியார் தொழில் ☐

ஈ) அரசு தொழில் ☐

6) வசிக்குமிடம்

அ) கிராமம் ☐

ஆ) நகரம் ☐

இ) பழங்குடி ☐

7) உங்கள் வீட்டில் செல்லப்பிராணி உள்ளதா?

அ) ஆம் ☐

ஆ) இல்லை ☐

8) உங்கள் வீட்டில் உள்ள செல்ல பிராணி

அ) பூனை ☐

ஆ) முயல் ☐

இ) நாய் ☐

ஈ) கிளி ☐

9) உங்களை எந்த வகையான நாய் கடித்தது?

அ) தெருநாய் ☐

ஆ) செல்லப்பிராணி ☐

இ) வெறிநாய் ☐

10) உங்கள் வீட்டு செல்ல நாய்களை ப்ளூ கிராஸில் பதிவு செய்துள்ளீர்களா?

அ) ஆம் ☐

ஆ) இல்லை ☐

பகுதி-ஆ

II. நோய் பற்றிய தகவல்கள்

1) வெறிநாய்க்கடி (ரேபிஸ்) என்றால் என்ன?

அ) வைரஸ் நோய் ☐

ஆ) பாக்டீரியாவினால் ஏற்படும் நோய் ☐

இ) புரோட்டாசோவாவினால் ஏற்படும் நோய் ☐

ஈ) பூஞ்சைத் தொற்று ☐

2) ரேபிஸ் நோய் பற்றி உங்களின் விழிப்புணர்வுகள் என்ன?

அ) குணப்படுத்த முடியும் ☐

ஆ) உயிருக்கே ஆபத்து மரணம் நிச்சயம் ☐

இ) குணப்படுத்தவே முடியாது ☐

ஈ) தடுப்பூசி மூலம் தடுக்கக்கூடிய வைரஸ் நோய் ☐

3) ரேபிஸ் வைரஸ் எவ்வாறு பாதிக்கப்பட்ட குழந்தையிடமிருந்து மற்ற குழந்தைக்கு பரவுகிறது?

அ) இரத்தம் மூலமாக ☐

ஆ) தொடுதல் மூலமாக ☐

இ) உமிழ்நீர் மூலமாக ☐

ஈ) நாய் கடிப்பதால் ☐

4) எந்தெந்த விலங்குகள் ரேபிஸ் நோய்த்தாக்குதலுக்கு உள்ளாகும்?

அ) கோழி ☐

ஆ) செம்மறி ஆடு ☐

இ) நாய் ☐

ஈ) கிளி ☐

5) நாய் கடித்த பின்பு ஏற்படும் முதல் அறிகுறிகள் யாவை?

அ) காய்ச்சல் ☐

ஆ) நடத்தையில் மாற்றம் ☐

இ) குழப்பம் ☐

ஈ) அறிகுறிகள் ஏதுமில்லை ☐

6) உங்கள் குழந்தையை நாய் கடித்தால் என்ன செய்வீர்கள்?

அ) விலங்கினைத் துரத்த வேண்டும் ☐

ஆ) அமைதியாக இருத்தல் ☐

இ) ஒன்றும் செய்யாமல் இருத்தல் ☐

ஈ) சோப்புநீர் மற்றும் நீர்கொண்டு பலமுறை நன்கு கழுவ வேண்டும் ☐

7) ரேபிஸ் நோய் வராமல் தடுப்பதற்கான முக்கிய வழிமுறைகள்?

அ) தெருநாய்களைக் கொல்வது ☐

ஆ) குழந்தையை நாய் கடித்த பின்பு தடுப்பூசி போடுதல் ☐

இ) செல்ல பிராணிக்கு முறையாக தடுப்பூசி போடுதல் ☐

ஈ) ஆ மற்றும் இ ☐

8) குழந்தையை உங்கள் வீட்டு செல்லப்பிராணி கடித்ததும் முதன்மையாக என்ன செய்வீர்கள்?

அ) குழந்தைக்கு உடனடியாக மருத்துவம் சிகிச்சை அணுகுதல் ☐

ஆ) செல்லபிராணியை 10 நாட்களுக்கு மேற்பார்வை செய்தல் ☐

இ) கடித்த நாய்க்கு ரேபிஸ் தொற்று இருக்கிறதா என பார்த்தல் ☐

ஈ) அறிகுறிகள் தென்படுகின்றனவா என பார்த்தல் ☐

9) குழந்தையை நாய் கடித்த பின்பு ரேபிஸ் வராமல் தடுப்பதற்கான வழிமுறைகள் யாவை?

அ) குழந்தைக்கு தடுப்பூசி போட வேண்டும் ☐

ஆ) ரேபிஸ் தாக்கமுள்ள நாயை முறையாக பராமரித்தல் ☐

இ) நாய் கடித்த இடத்தில் சோப்பு மற்றும் நீர் கொண்டு கழுவ வேண்டும் ☐

ஈ) கடித்த இடத்தில் கட்டு போடுதல் ☐

10) நாய்க்கடி வகை-1க்கு என்னென்ன மருத்துவ சிகிச்சை முறைகள் உள்ளன?

அ) காயத்திற்கு முதலுதவி+ரேபிஸ் நோய் தடுப்பூசி ☐

ஆ) காயத்திற்கு முதலுதவி+ ரேபிஸ் நோய்தடுப்பூசி இம்முயுனோக்லோபின் தடுப்பு மருந்து ☐

இ) மருத்துவம் தேவையில்லை ☐

ஈ) இவை அனைத்தும் ☐

11) நாய்க்கடி வகை-2க்கு என்னென்ன மருத்துவ சிகிச்சை முறைகள் உள்ளன?

அ) காயத்திற்கு முதலுதவி+ ரேபிஸ் நோய் தடுப்பு ஊசி ☐

ஆ) காயத்திற்கு முதலுதவி+ரேபிஸ் நோய் தடுபுப்பு ஊசி
இம்முயுனோக்லோபின் தடுப்பு மருந்து ☐

இ) மருத்துவம் தேவையில்லை ☐

ஈ) இவை அனைத்தும் ☐

12) வெறிநாய்க்கடி தடுப்பூசி போடும் இடத்தை பற்றி உங்களின் கருத்து என்ன?

அ) தொப்புளை சுற்றி ☐

ஆ) தொடை பகுதியில் ☐

இ) நரம்பு வழியாக ☐

ஈ) கையின் மேல் பகுதியில் ☐

13) நாய்க்கடி வகை-3க்கு என்னென்ன மருத்துவ சிகிச்சை முறைகள் உள்ளன?

அ) காயத்திற்கு முதலுதவி+ரேபிஸ் நோய் தடுப்பூசி ☐

ஆ) காயத்திற்கு முதலுதவி+ ரேபிஸ் நோய்தடுப்பூசி
இம்முயுனோக்லோபின் தடுப்பு மருந்து ☐

இ) மருத்துவம் தேவையில்லை ☐

ஈ) இவை அனைத்தும் ☐

14) நாய்க்கடிக்கு தடுப்பூசி எத்தனை முறை எடுத்துக்கொள்ள வேண்டும்?

அ) 1 முறை ☐

ஆ) 16 முறை ☐

இ) 5 முறை ☐

ஈ) 10 முறை ☐

15) நாய் கடித்த பின்பு தடுப்பூசியை பெற எந்தெந்த நாளில் தடுப்பூசி போடும் இடத்தை அணுக வேண்டும்?

அ) 0, 2, 4, 8, 28 (நாள்) ☐

ஆ) 0, 2, 6, 10 (நாள்) ☐

இ) 0, 3, 7, 14, 28 (நாள்) ☐

ஈ) 0, 2, 4, 8, 28 (நாள்) ☐

16) நோயின் உமிழ்நீர் உங்கள் மீது பட்டவுடன் நீங்கள் என்ன செய்வீர்கள்?

அ) காயத்திற்கு சிகிச்சை மற்றும் ரேபிஸ் தடுப்பூசி ☐

ஆ) காயத்திற்கு சிகிச்சை ☐

இ) ரேபிஸ் தடுப்பூசி ☐

ஈ) சிகிச்சை தேவையில்லை மேற்பார்வை மட்டும் போதும் ☐

17) தெருநாயை கண்டவுடன் நாய் கடிக்காமல் இருப்பதற்கு என்ன செய்ய வேண்டும்?

அ) வேகமாக ஓடுதல் ☐

ஆ) அமைதியாக, ஓடாமல் இருத்தல் ☐

இ) நாய் கண்களை பார்த்தல் ☐

ஈ) நாய் மீது கல் வீசுதல் ☐

18) உங்கள் நாய்க்கு ரேபிஸ் தாக்கம் உள்ளதா என்பதை எத்தனை நாட்களுக்கு பார்க்க வேண்டும்?

அ) 10 நாட்கள் ☐

ஆ) 5 நாட்கள் ☐

இ) 3 நாட்கள் ☐

ஈ) நாயை பராமரிக்க தேவையில்லை ☐

19) முன்பே வெறிநாய்க்கடி தடுப்பூசி எடுத்துக்கொண்ட குழந்தையை மீண்டும் வெறிநாய் கடித்தால் என்ன செய்ய வேண்டும்?

அ) தடுப்பூசி எடுத்துக்கொண்ட குழந்தைக்கு மேலும் இரண்டு முறை தடுப்பூசி போட வேண்டும் ☐

ஆ) தடுப்பூசி எடுத்துக்கொண்ட குழந்தைக்கு தடுப்பூசி ஏதும் தேவையில்லை ☐

இ) வெறிநாய்க்கடி தடுப்பூசி ஒருமுறை போட வேண்டும் ☐

ஈ) நாய்க்கடிக்கு முன்பு தடுப்பூசி ஏதுமில்லை ☐

20) தேவையற்ற விலங்குகள் வீட்டருகே வராமல் தடுக்க என்னென்ன வழிமுறைகளை மேற்கொள்வீர்கள்?

அ) விலங்குகளுக்கு உணவுகளை வைப்பது ☐

ஆ) மூடிய குப்பைத்தொட்டியில் குப்பைகளை சேகரிக்க வேண்டும் ☐

இ) திறந்த நிலையில் குழந்தைகளை விளையாட அனுமதித்தல் ☐

ஈ) இவை அனைத்தும் ☐

21) உங்கள் குழந்தைக்கு நாய்க்கடி தடுப்பூசி போட்டவுடன் என்ன செய்ய வேண்டும்?

அ) இரண்டு நாட்களுக்கு ஓய்வு தேவை ☐

ஆ) நாயை கண்காணிப்பது ☐

இ) தடுப்பூசி போட்ட இடத்தை தேய்க்கக்கூடாது ☐

ஈ) சுடுநீர் ஒத்தடம் கொடுத்தல் ☐

22) வெறிநாய் கடித்தால் அதற்கான விளைவுகள் என்ன?

அ) உடம்பு வலி ☐

ஆ) காய்ச்சல் ☐

இ) மூச்சுத் திணறல் காரணமாக ஏற்படும் மரணம் ☐

ஈ) எதுவும் இல்லை ☐

23) நாய் கடித்த குழந்தைக்கு எவ்விதமான உணவு கொடுக்கவேண்டும்?

அ) எண்ணெயில் பொறித்தவை தவிர்த்தல் ☐

ஆ) கத்தரிக்காயை தவிர்த்தல் ☐

இ) அனைத்து உணவுகளும் கொடுக்கலாம் ☐

ஈ) ஒவ்வாமை ஏற்படுத்தும் உணவுகளை தவிர்த்தல் ☐

24) ரேபிஸ் நோயை தடுப்பதற்கு நீங்கள் முக்கியமாக கடைப்பிடிக்க வேண்டியவை யாவை?

அ) வெறிநாய்க்கடி தடுப்பூசியை முழுமையாக எடுத்துக் கொள்ள வேண்டும் ☐

ஆ) உணவில் காரம், மற்றும் புளிப்பு, எண்ணெய் தவிர்க்க வேண்டும் ☐

இ) வெறிநாய்க் கடித்த குழந்தையை ஒதுக்கி வைத்தல் ☐

ஈ) வெறிநாயைக் கொல்லுதல் ☐

25) உங்கள் குடும்பத்தார் மற்றும் செல்லப் பிராணியை ரேபிஸ் நோயில் இருந்து பாதுகாத்து கொள்ளும் முறை என்ன?

அ) உங்கள் செல்ல பிராணிகளுக்கு வெறிநாய்க்கடி தடுப்பூசி போடுதல் ☐

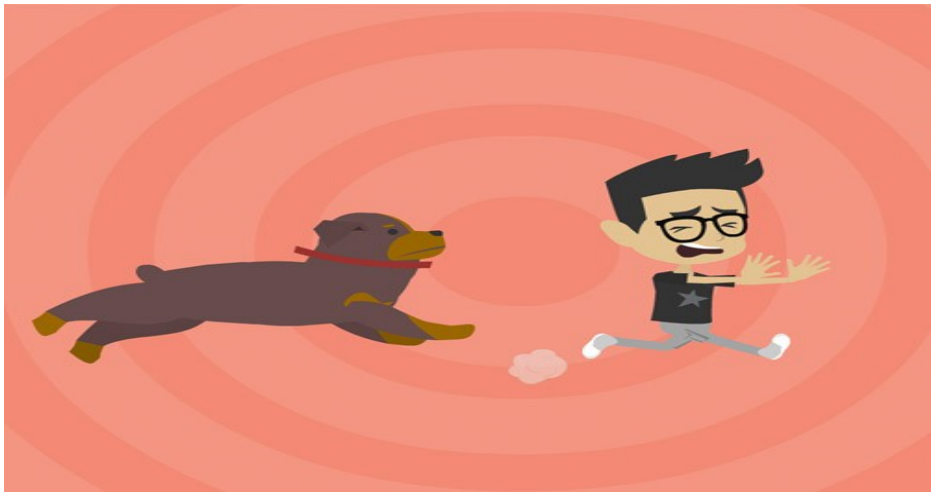
ஆ) செல்லப்பிராணியை தெருநாயுடன் உலாவ அனுமதிக்கக்கூடாது ☐

இ) செல்லப்பிராணியை சரியாக பராமரிப்பது ☐

ஈ) பராமரிப்பு ஏதுமில்லை ☐

College of Nursing, Madras Medical College, Chennai-03.

Structured Teaching Programme On Management of Dog Bite and Prevention of Rabies



STRUCTURED TEACHING PROGRAMME ON MANAGEMENT OF DOG BITE AND PREVENTION OF RABIES

TOPIC	:	MANAGEMENT OF DOG BITE AND PREVENTION OF RABIES
GROUP	:	MOTHERS
PLACE OF TEACHING	:	ANTI RABIES VACCINE OUTPATIENT DEPARTMENT, INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-03
DURATION	:	45MINUTES
METHOD OF TEACHING	:	LECTURE CUM DISCUSSION
TEACHING AID	:	FLIP CHART, PAMPHLET
MEDIUM OF INSTUCTION	:	TAMIL
RESEARCH GUIDE	:	G. MARY, M.SC (N), MBA., LECTURER, HOD - CHILD HEALTH NURSING.
NAME OF INVESTIGTOR	:	PRIYADARSINI.A, M. Sc(N)-II YEAR

CENTRAL OBJECTIVE:

At the end of the structured teaching programme the parents will be acquire adequate knowledge and understanding regarding management of dog bite and prevention of rabies and to develop desirable skills and attitude to practice in future.

SPECIFIC OBJECTIVE:

At the end of the class, parents will be able to

1. define dog bite and rabies
2. list out the mode of transmission of rabies and incubation periods of rabies
3. classify the symptoms of rabies
4. elucidate the signs of rabies in pet animal
5. elucidate the safety measures of dog bite
6. mention the categories of prophylaxis needed for the exposure of dog bite
7. describe the safety measures to prevent rabies in your pet dog
8. enlist the preventive measures of stray dog bite
9. state the important point to be noted after dog bite

SNO	TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHERS ACTIVITY	MOTHER'S ACTIVITY	A.V. AIDS	EVALUATION
	2mts		**INTRODUCTION:** Rabies is a vaccine-preventable viral disease which occurs in more than 150 countries and territories. Dogs are the main source of human rabies deaths, contributing up to 99% of all rabies transmissions to humans. Rabies elimination is feasible through vaccination of dogs and prevention of dog bites. Rabies is a viral infection that mainly spreads through a bite from an infected animal. It is a RNA virus of the rhabdoviruses family. The virus can affect the body in one of two ways: • It enters the Peripheral Nervous System (PNS) directly and migrates to the brain. • It replicates within muscle tissue, where it is safe from the host's immune system. From here it enters the nervous system through the neuromuscular junctions. Between 2011-15, around 4.7 million cases of dog bites and 350 cases of suspected rabies were reported by the Department of Public Health. Given this level of burden, there is considerably more pressure on programme managers for decreasing dog bite numbers as opposed to rabies cases which are reported periodically in its 32 districts. Immediate, thorough wound cleansing with soap and water after contact with a suspect rabid animal is crucial and can save lives. WHO, the World Organization for Animal Health (OIE), the Food and Agriculture Organization of the WHO, the World Organization for Animal Health (OIE), the				

			Food and Agriculture Organization of the United Nation(FAO) and the Global Alliance for Rabies control have set a global target of "zero human rabies deaths by 2030".				
1	2mints	State dog bite and rabies	**DOGBITE:** A bite wound inflicted by a dog. The main medical issues to be addressed with **dog bite** are the skin damage, any injury to underlying tissues such as muscle, nerve, and bone the significant potential for bone; and the significant potential for infection of the wound. **RABIES:** Rabies is an acute viral disease which causes fatal encephalomyelitis in virtually all the warm blooded animals including man. The virus is found in wild and some domestic animals, and is transmitted to other animals and to humans through their saliva (i.e. bites, scratches, licks on broken skin and mucous membrane). In urban areas, the disease is mainly transmitted by dogs, being responsible for about 96% of animal bite cases. - WHO	Teaching	Listening	Flip chart.	What is meant by dog bite?
2.	3mints	List out the mode of transmission of rabies	**HOW DOES RABIES SPREAD:** **Causative agent: Lyssaviruses of the Rhabdoviridae family.** • The rabies virus is transmitted in the saliva of infected animals. People usually become infected with the virus by being bitten by an infected animal, but any contact with the saliva of an infected animal (alive or dead) can potentially lead to infection if the person has an opening in the skin or the saliva gets into their eyes, nose, or	Explaining	Listening	Flip chart	What is the causes of rabies?

			mouth. • You cannot get rabies from the blood, urine, or feces of a rabid animal, or from just touching or petting an animal. • Main modes of transmission: Hosts are usually Canidae, including dogs (responsible for more than 99% of all human deaths from rabies), foxes, coyotes, wolves and jackals; also cats, skunks, raccoons, mongooses, bats and other biting animals. A bite or a scratch introduces virus-laden saliva from a rabid animal. The incubation period ranges from a few days to several years (most commonly 3-8 weeks). **INCUBATION PERIOD** • The incubation period of rabies is more variable than with other infections. • The incubation period in humans is usually several weeks to months, but ranges from days to years.				
3.	5mts	Enlist the symptoms of rabies	**SYMPTOMS OF RABIES** • The rabies virus attacks the nervous system (brain and spinal cord). • The first symptoms of rabies are similar to a flu-like illness—fever, headache, and general discomfort, vomiting • Pain, itching, or numbness and tingling at the site of the wound may occur. • Within days, the disease can progress to symptoms such as anxiety, confusion, agitation, abnormal behavior, delirium, and hallucinations.	Explaining	Listening	Flip chart	What are the symptoms of rabies?

			• Paresis or paralysis, delirium, convulsions. Without medical attention, death in about 6 days, usually caused by respiratory paralysis. • A person presenting with an acute neurological syndrome (encephalitis) dominated by forms of hyperactivity (furious rabies) or paralytic syndromes (dumb rabies) progressing towards coma and death, usually by respiratory failure, within 7-10 days after the first symptom if no intensive care is instituted. • Once symptoms appear, the disease is almost always fatal. • Therefore, any person who has been bitten, scratched, or somehow exposed to the saliva of a potentially rabid animal should see a physician as soon as possible for post exposure treatment. within 7-10 days after the first symptom if no intensive care is instituted.				
4.	2mts	Enumerate the signs of rabies in pets	**SIGNS OF RABIES IN PETS:** **Changes in Behavior** Look for aggression, viciousness, irritability, excitability, nervousness and anxiety. A rabid dog may show unprovoked aggressive behavior or even become overly friendly. **Abnormal Behavior** Watch for behavior that seems neurologically based for example, if your dog is abnormally licking, biting or wandering, seems disoriented, staggers or stumbles, is having seizures, seems to be paralyzed or has a sudden fear of water.	Explaining	Listening	Flip chart	What are the signs of rabies in pet dog?

			Physical Changes Is your dog drooling too much, or has the sound of his bark changed? Dogs with advanced rabies may foam at the mouth because of the way the virus affects salivary glands. Dogs with a "furious" type of rabies, according to Pitts, may attack. "Mentally, they're not right,				
5.	3min t	elucidate the safety measures of dog bite	**SAFETY MEASURES OF DOG BITE:** Just like for any other type of wounds, for a dog bite, first aid, exert pressure on wound to stop bleeding and then clean the area very extensively. There are definitely big chances of becoming infected with dog bites; it is therefore good precaution for children to take a 3 to 7 days' antibiotic to prevent any kind of infection from developing. Therefore, remember that because of this risk of infection, most of the dog bites are not stitch closed. However, those bites on the face may be stitched as they are easily seen by the doctor thus often referred to as clean. If the child has got less than 3 doses, a shot of tetanus is a good preventive measure that you may need. If the bite has not been considered to be clean by the doctor, then they still need the tetanus shot especially when the dose was last taken more than 5 years even if they have had 3 or more tetanus shots. For cases of clean and minor bites, the child may need a tetanus booster if their last one was taken ten years ago.	Explaining	Listening	Pamphl et	What are the safety measures of dog bite?

<table>
<tr>
<td>6.</td>
<td>5mints</td>
<td>Mention the categories of Prophylaxis needed for the exposure of Dog bite</td>
<td>
Prophylaxis needed for the exposure of Dog bite catagorised by:

Category I: - Touching, feeding of animals or licks on intact skin has no exposure to Dog Bite therefore no prophylaxis is needed if history reliable
Category II: -Minor scratches or abrasions without bleeding or and nibbling of uncovered skin, needs vaccine alone
Category III: -Single or multiple transdermal bites or scratches, licks on broken skin, contamination of mucous membrane with saliva (i.e. licks) and suspect contacts with bats, needs immunoglobulin plus vaccine
<table>
<tr><th>Category</th><th>Type of contact</th><th>Type of exposure</th><th>Recommended post-exposure prophylaxis</th></tr>
<tr><td>I</td><td>Touching or feeding of animals Licks on intact skin</td><td>None</td><td>None, if reliable case history is available</td></tr>
<tr><td>II</td><td>Nibbling of uncovered skin Minor</td><td>Minor</td><td>Wound management Anti-rabies</td></tr>
</table>
</td>
<td>Explaining</td>
<td>Listening</td>
<td>Flip chart</td>
<td>What are the category type of contact type of exposure?</td>
</tr>
</table>

					scratches or abrasions without bleeding		vaccine				
				III	Single or multiple transdermal bites or scratches, licks on broken skin Contamination of mucous membrane with saliva (i.e. lics)	Severe	Wound management Rabies immune globulin Anti-rabies vaccine				

MANAGEMENT OF ANIMAL BITE WOUND

Wound Toilet:

- Since the rabies virus enters the human body through a bite or scratch, it is imperative to remove as much saliva, and thereby the virus, from the wound as is possible by an efficient wound toilet that should not involve additional trauma.
- Since the rabies virus can persist and even multiply at the site of bite for a long time, wound toilet must be performed even if the patient reports late.
- This can be done by prompt and gentle thorough washing with soap or detergent and flushing the wound with running water for 10 minutes. If soap and detergent are

			not immediately available wash with running water for at least 10 minutes. Avoid direct touching of wounds with bare hands. Considering the importance of this step the anti-rabies clinics should have wound washing facilities. • The application of irritants (like chilies, oil, turmeric, lime, salt, etc) is unnecessary and damaging. In case irritants have been applied on the wound, enough gentle washing with soap or detergent to remove the extraneous material especially oil should be done followed by flushing with copious amount of water for 10 minutes immediately. • It should be noted that the immediate washing of the wound is a priority. However, the victim should not be deprived of the benefit of wound toilet as long as there is an unhealed wound which can be washed even if the patient reports late. The maximum benefit of the wound washing is obtained when fresh wound is cleaned immediately. • **Application of antiseptics**: After thorough washing and drying the wound, any one of the available chemical agents should be applied viz Povidone iodine (Betadine), Alcohol, Chloroxylenol (Dettol), Chlorhexidine Gluconate and Cetrimide solution (Savlon - in appropriate recommended dilution), etc. • **Local infiltration of rabies immunoglobulins**: In category III bites rabies immunoglobulins should be infiltrated in the depth and around the wound to inactivate the locally present virus as described below. • **Suturing of wound should be avoided** as far as possible.				

			If surgically unavoidable, minimum loose sutures should be applied after adequate local treatment along with proper infiltration of rabies immunoglobulins. • **Cauterization of wound** is no longer recommended as it leaves very bad scar, and does not confer any additional advantage over washing the wound with water and soap. • **Injection tetanus toxoid** should be given to the un-immunized individual. To prevent sepsis in the wound, a suitable course of an antibiotic may be recommended. • **Regimen Essen Schedule**: Five dose intramuscular regimen - The course for post-exposure prophylaxis should consist of intramuscular administration of **five injections on days 0, 3, 7, 14 and 28.** The sixth injection (D90) should be considered as optional and should be given to those individuals who are immunologically deficient, are at the extremes of age and on steroid therapy. Day 0 indicates date of first injection. Site				
7.	3mts	Describe the safety measures to prevent rabies in your pets	***SAFETY MEASURES TO PREVENT RABIES IN YOUR PET DOG*** • Vaccinate your pets (dogs, cats, ferrets) and livestock (sheep, cattle, horses) against rabies. Don't let your pets wander unsupervised. Spay or neuter your pets; pets that are fixed are less likely to leave home and become strays. • Contact animal control to remove stray animals or animals acting sick or strange in your neighborhood • Never touch or approach unfamiliar animals, domestic or wild. Don't touch dead animals. Teach your children the same.	Explaining	Listening	Flip chart	What are the safety measures to prevent rabies in your pet?

			IMMUNIZATION OF ANIMAL BITE Active immunization is achieved by administration of safe and potent CCVs. In Bangladesh, NTV is still used for post-exposure treatment in public sector. However, as this vaccine is react genic, the production will be stopped soon. Privately, CCVs are now used for active immunization. Very soon CCV will be available in public sector too. • **Indications:** All age groups of animal bite victims of Category II and III require the same number of injections and dose per injection. The Category III exposures, in addition require administration of rabies immunoglobulins as discussed earlier. • Seal openings into your home (basement, porch, attic, and chimney openings) to prevent wild animals from gaining entrance. • If you do get bitten by an animal, wash the wound with soap and water for at least five minutes and then seek medical care.				
8.	3mts	list down the preventive measures of stray dog bite	**STRAY DOG BITE PREVENTION FOR KIDS** • "Be a tree" (without branches) • Be quiet, motionless, hand in armpits, no eye contact with dog. • Do not run or scream! **If dog begins to bite:** • "Feed" book bag or jacket to dog **If knocked to ground:** • Fetal position, cover face and neck with hands.	Explaining	Listening	Pamphlet	How will you prevent kids from tray dog bite?

			Owners Dog Bite Prevention • Get right dog • Exercise, socialize, train dog • Notice dog's pain, feelings • Seek medical care for dog • Train children to "read" dog, stay away from dog's "things" • Dogs view children as siblings, not leaders • Never leave small children alone with any dog				
9.	2mts	State the important point to be noted after dog bite	**IMPORTANT POINTS TO BE NOTED** • Administration of any type of ARV on the buttocks is not recommended • For any person who has had direct or indirect contact with a rabies patient, PEP is not recommended except in special situations. • Patients should be advised not to rub at the site of injection after administration of vaccine. • Patients must be advised to complete full course of vaccine as per the advised schedule. • All patients who receive rabies PEP should be given a document/card, clearly stating the date, month & year of vaccination and the type of vaccine • There is no need to avoid any other food, just eat normally • If even pet dog has bitten, we have to take care. The bite is not being neglected .it can be fatal and can lead to rabies at any time depending on the spread of rabies virus.	Explaining	Listening	Pamphlet	What are the safety measures to be taken after dog bite?

			• The bruise should be cleaned more than four to five times as soon as possible and soap or Dettol should be used. Cleaning many times can help you stop the spread of virus. • Few people keep cotton in the place of bruise.it is not good to place cotton at the bruise as it can result into spread of virus. • Vaccination to pet dogs is necessary and their bite.is not to be neglected. **COMPLICATION:** ☎ Spasms affecting the muscles in the throat and pain or difficulty swallowing are often seen as the disease progresses. ☎ Eventually, a person infected with the rabies virus can slip into a coma and die. ☎ Death is usually caused by breathing failure.				

SUMMARY:

So for we have discussed about the rabies is a vaccine-preventable viral disease which occurs in more than 150 countries and territories. Dogs are the main source of human rabies deaths, contributing up to 99% of all rabies transmissions to humans. Dogs are the main source of human rabies deaths, contributing up to 99% of all rabies transmissions to humans. Rabies elimination is feasible through vaccination of dogs and prevention of dog bites. The rabies virus is transmitted in the saliva of infected animals. People usually become infected with the virus by being bitten by an infected animal, but any contact with the saliva of an infected animal (alive or dead) can -potentially lead to infection if the person has an opening in the skin or the saliva gets into their eyes, nose, or mouth. The incubation period in humans is usually several weeks to months, but ranges from days to years. If a person is exposed to rabies, the treatment to prevent rabies is: A. Vaccine given four times in the upper arm over two weeks, plus one dose of immune globulin near bite wound. B. One shot (vaccine) in the upper arm. C. 30 shots (vaccines) in the stomach given over a two-month period.

RECAPTUALIZATION:

1. What is meant by dog bite?
2. What is the causes of rabies?
3. What are the symptoms of rabies?
4. What are the signs of rabies in pet dog?
5. What are the safety measures of dog bite?
6. What are the category type of contact type of exposure?
7. What are the safety measures to prevent rabies in your pet?
8. How will you prevent kids from tray dog bite?
9. What are the safety measures to be taken after dog bite?

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நாய்க்கடி மற்றும் ரேபீஸ் தடுப்பு பற்றிய நலக்கல்வி

பாடத்திட்டம்

தலைப்பு	:	நாய்க்கடி மற்றும் ரேபீஸ் தடுப்பு பற்றிய நலக்கல்வி
நேரம்	:	45 நிமிடங்கள்
குழு	:	நாய்க்கடியினால் பாதிக்கப்பட்ட குழந்தைகளின் தாய்மார்கள்
இடம்	:	அரசினர் குழந்தைகள் நல மருத்துவமனை மற்றும் ஆராய்ச்சி நிலையம், எழும்பூர், சென்னை
கற்பிக்கும் மொழி	:	தமிழ்
துணைக் கருவி	:	மின் அட்டை, கையேடு
ஆய்வாளர் பெயர்	:	பிரியதர்ஷினி. அ, முதுநிலை இரண்டாம் ஆண்டு மாணவி
ஆராய்ச்சி வழிகாட்டி	:	திருமதி. ஜா.மேரி M.Sc (N) விரிவுரையாளர், துறைத் தலைவர்.

பொதுவான நோக்கங்கள்:

வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்வின் முடிவில், தாய்மார்கள் நாய்க்கடி மற்றும் ரேபிஸ் தடுப்பு மேலாண்மை தொடர்பான போதிய அறிவு மற்றும் புரிதலை பெற்று மற்றும் எதிர்காலத்தில் பின்பற்ற வேண்டும், விரும்பத்தக்க திறன்கள் மற்றும் அணுகுமுறைகளை உருவாக்கவேண்டும்.

குறிப்பிட்ட நோக்கங்கள்:

வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்வுக்குப் பின் முடிவில், தாய்மார்கள் கீழ்கண்டவற்றை அறிந்து கடைபிடித்தல் வேண்டும்.

1. நாய்க்கடி மற்றும் ரேபிஸ் வரையறை
2. வெறிநாய்க்கடி மற்றும் ரேபிஸ் பரவும் முறைகளை பட்டியலிடுக.
3. ரேபிஸ் நோயின் அறிகுறிகளை வகைப்படுத்துதல்
4. செல்லபிராணியிடம் காணப்படும் ரேபிஸ் நோயின் அறிகுறிகளை விவரித்தல்
5. நாய்க்கடித்தலின் முன்னெச்சரிக்கை நடவடிக்கைகளை விளக்குதல்
6. நாய்க்கடித்தலின் மேலாண்மை வகையை குறிப்பிடுதல்
7. உங்கள் செல்லப்பிராணிக்கு ரேபிஸ் வராமல் தடுப்பதற்கான பாதுகாப்பு முறைகளை விவரித்தல்.
8. தெருநாய்கள் கடிப்பதை தவிர்க்கும் முறைகளை பட்டியலிடுதல்
9. நாய்க்கடித்த பின்பு என்னென்ன அறிகுறிகளை சரிபார்க்க வேண்டும்.

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
	2 நிமி		நாய்க்கடியைப் பொறுத்த வரை, அலட்சியமாக இருந்தால் உயிருக்கே ஆபத்து ஏற்படும் என்பதற்கு இந்தச் சம்பவம் ஒன்றே போதும் . ‘ரேபீஸ்நோய் குறித்து மக்கள் மத்தியில் இன்னமும் போதிய விழிப்புணர்வு இல்லை என்பதையே இது சுட்டிக் காட்டுகிறது உலகி .குணப்படுத்தவே முடியாது‘ நோய் வந்துவிட்டால் மரணம் நிச்சயம் என்று படுவதற்கும் ஒரு நோய் இருக்கிறதுகவலைப் என்றால், அது வெறிநாய்க்கடியால் வரும் .தான்’ரேபீஸ் உலகம் முழுவதும் ஆண்டுக்கு 65 ஆயிரம் பேர் வரை இந்த நோயால் இந்தியாவில் இந்த எண்ணிக்கை .இறக்கின்றனர் ஆயிரத்துக்கும் அதிகம் 35 என்கிறது புள்ளிவிவரம் அதே . வேளையில் இதை ஆரம்பத்திலேயே கவனித்து சிகிச்சை பெற்றுக்கொண்டால், உயிர் பிழைத்து விடலாம் என்பதும் 100 சதவிகிதம் உண்மை.				

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
1	2 நிமி	நாய்க்கடி மற்றும் ரேபிஸ் வரையறை	**ரேபீஸ்** : ரேபீஸ் (Rabies) என்பது ரேபீஸ் எனும் வைரஸ் கிருமிகளால் ஏற்படுகின்ற நோய். நாய் கடித்தால் மட்டுமே இந்த நோய் ஏற்படும்என்று பலரும் நினைக்கிறார்கள். அப்படியில்லை இந்தக் கிருமிகள் நாய், ஆடு, மாடு, குதிரை, குரங்கு, பூனை, நரி, கீரி, ஓநாய், வெளவால் போன்ற பாலூட்டிகள் பலவற்றில்வசிக்கும்.இவற்றில் ரேபீஸ்கிருமி உள்ள எந்தவொரு பாலூட்டி மனிதரைக் கடித்தாலும் ரேபீஸ் வரும். இந்தியாவில், முறையாகத்தடுப்பூசி போடப்படாத தெருநாய் கடிப்பதால்தான் 95 சதவிகிதம் இந்த நோய் ஏற்படுகிறது.அதனால்தான்இதனைவெறிநாய்க்கடி நோய் என்கிறோம்.	விளக்கம் அளித்தல்	கவனித்தல்	மின் அட்டையை பயன்படுத்தி விளக்கம் அளிக்கப்படுகிறது	ரேபீஸ் என்றால் என்ன?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
2.	4 நிமி	வெறிநாய்க்கடி மற்றும் ரேபிஸ் பரவும் முறைகளை பட்டியலிடுக.	**ரேபீஸ் நோய் வரும் வழிமுறைகள்:** ரேபீஸ்நோயுள்ள நாயின் உமிழ்நீரில் ரேபீஸ் வைரஸ்கள் வாழும். இந்நாய் மனிதரைக் கடிக்கும்போது ஏற்படும் காயத்தின் வழியாக இந்தக் கிருமிகள் உடலுக்குள் புகுந்து கொள்ளும். அங்குள்ள தசை இழைகளில் பன்மடங்கு பெருகும். பிறகு, நரம்புகள் வழியாகவும், முதுகுத் தண்டுவடத்தின் வழியாகவும் மூளையை அடைந்து, மூளைத் திசுக்களை அழித்து, ரேபீஸ் நோயை உண்டாக்கும். இதுதவிர, சிறிய அளவில் வெறிநாய் பிராண்டினாலும், திறந்த உடல் காயங்களில் வெறிநாய் நாவினால் தீண்டினாலும், அதன் உமிழ்நீர் பட்டாலும் இந்த நோய் வரலாம். வெறிநாய் காலில் கடித்தால், பாதிப்புகள் வெளியில் தெரிய அதிக நாட்கள் ஆகலாம். முகத்திலோ, கையிலோ கடித்தால் உடனடியாக அறிகுறிகள் தெரியத் தொடங்கும்	விளக்கம் அளித்தல்	கவனித்தல்	மின் அட்டை யை பயன்படுத்தி விளக்கம் அளிக்கப்படுகிறது	ரேபீஸ் நோய் வரும் வழிமுறைகள் பற்றி விவரிக்க?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
3.	4 நிமி	ரேபிஸ் நோயின் அறிகுறிகளை வகைப்படுத்துதல்	பொதுவாக, வெறிநாய் கடித்த 5 நாட்களுக்கு மேல் இந்த நோயின் அறிகுறிகள் தெரியத் தொடங்கும். சிலருக்கு அதிகபட்சமாக 90 நாட்களுக்குப் பிறகு கூட அறிகுறிகள் தோன்றக்கூடும். இந்த நோயின் முதல் அறிகுறி நாய் கடித்த இடத்தில் வலி ஏற்படுவது. இதைத் தொடர்ந்து, காய்ச்சல், வாந்தி வரும். உணவு சாப்பிட முடியாது. தண்ணீர் குடிக்க முடியாது. ரேபீஸ் நோய் உள்ளவர்கள் தண்ணீரைக் கண்டாலே பயப்படுவார்கள். காரணம், தண்ணீரைக் கண்டதும் தொண்டையில் உள்ள விழுங்கு தசைகள் இறுக்கமடைந்து, சுவாசம் நிற்கின்ற உணர்வு ஏற்படுவதால், ‘எங்கே உயிர் போய்விடுமோ என்று பயந்து, இவர்கள் தண்ணீரைக் குடிக்க மாட்டார்கள். இதற்கு ‘ஹைட்ரோபோபியா என்று பெயர். இவர்கள் உடலில் அதிக வெளிச்சம் பட்டால் அல்லது முகத்தில் காற்று பட்டால் உடல் நடுங்கும். எந்நேரமும் அமைதியின்றிக் காணப்படுவார்கள்.	விளக்கம் அளித்தல்	கவனித்தல்	மின் அட்டையை பயன்படுத்தி விளக்கம் அளிக்கப்படுகிறது	ரேபீஸ் நோயின் அறிகுறிகள் யாவை?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
			எதையாவது பார்த்து ஓடப் பார்ப்பதும், மற்றவர்களைத் துரத்து வதும் கடிக்க வருவதுமாக இருப்பார்கள். நோயின் இறுதிக் கட்டத்தில் வலிப்பு வந்து, சுவாசம் நின்று உயிரிழப்பார்கள்.				
4.	3 நிமி	செல்லபிராணியிடம் காணப்படும் ரேபிஸ் நோயின் அறிகுறிகளை விவரித்தல்	ரேபீஸ் கிருமிகளால் தாக்கப்பட்ட நாய் காரணமின்றிக் குரைக்கும். அது ஊளையிடுவது போலிருக்கும். ஓரிடத்தில் நிற்காமல் ஓடிக்கொண்டே இருக்கும். பார்ப்போர் அனைவரையும் துரத்தும். தூண்டுதல் இல்லாமல் கடிக்க வரும். நாக்கு அதிகமாக வெளியே தள்ளி இருக்கும். எந்நேரமும்எச்சில் ஒழுகிக்கொண்டிருக்கும். பொதுவாக, ரேபீஸ் வந்த நாய் 10 நாட்களுக்குள் இறந்துவிடும். இதற்கு நேர்மாறாகவும் சில வெறிநாய்கள் இருப்பதுண்டு. வீட்டில் அல்லது தெருவில் ஏதாவது ஒரு மூலையில் தனிமையாக, மிகவும் அமைதியாக இருக்கும். எதுவும் சாப்பிடாமல் இருந்து 10 நாளில் இறந்து போகும்	விளக்கம் அளித்தல்	கவனித்தல்	மின் அட்டையை பயன்படுத்தி விளக்கம் அளிக்கப்படுகிறது	செல்லபிராணியிடம் காணப்படும் ரேபிஸ் நோயின் அறிகுறிகள் யாவை?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
5	4 நிமி	நாய்க்கடித்தலின் முன்னெச்சரிக்கை நடவடிக்கைகளை விளக்குதல்	வீட்டு நாய்க்கு முறைப்படி ரேபீஸ் தடுப்பூசி போடப்பட்டிருந்தால் கூட, அந்த நாயால் கடிபட்டவர் ரேபீஸ் தடுப்பூசியைப் போடத் தொடங்கிவிட வேண்டும். அதே நேரத்தில் அந்த நாயை 10 நாட்களுக்குக் கண்காணிக்க வேண்டும். நாயின் குணத்தில் எவ்வித மாறுதலும் தெரியவில்லை என்றால், முதல் மூன்று தடுப்பூசிகளுடன் (0, 3, 7) நிறுத்திக் கொள்ளலாம். நாயிடம் வெறிநாய்க்குரிய மாறுதல்கள் தெரிந்தால், மீதமுள்ள தடுப்பூசிகளையும் (14, 28) போட்டுக்கொள்ள வேண்டும்.	விளக்கம் அளித்தல்	கவனித்தல்	மின் அட்டையை பயன்படுத்தி விளக்கம் அளிக்கப்படுகிறது	நாய்க்கடித்தலின் முன்னெச்சரிக்கை நடவடிக்கைகள் யாவை?
6.	5 நிமி	நாய்க்கடித்தலின் மேலாண்மை வகையை குறிப்பிடுதல்	**எந்த காயத்திற்கு எந்த ஊசி போடுவது?** டிடி ஊசி - இது எந்த விலங்கு கடித்தாலும் போடவேண்டியது. ரேபிஸ் ஊசி- அரசு மருத்துவமனையில் இது இலவசமாக் போடப்படும் இம்யுனொக்லொபின்- அதிகமான அளவில் உள்ள காயதிற்கு கட்டாயம் போட வேண்டும்.இதுவும் இலவசமாக கிடைக்கும்.	விளக்கம் அளித்தல்	கவனித்தல்	மின் அட்டையை பயன்படுத்தி விளக்கம் அளிக்கப்படுகிறது	நாய்க்கடித்தலின் மேலாண்மை வகையை குறிப்பிடுக?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
7	4 நிமி	உங்கள் செல்லப்பிராணிக்கு ரேபிஸ் வராமல் தடுப்பதற்கான பாதுகாப்பு முறைகளை விவரித்தல்.	உயிர் காக்கும் தடுப்பூசி! நடைமுறையில், வெறிநாய் கடித்தவருக்கு தொப்புளைச் சுற்றி 14 ஊசிகள் போடுவார்கள் என்று பயந்தே பலரும் சிகிச்சைக்கு வருவதில்லை. அது அந்தக் காலம். இப்போது நவீன தடுப்பூசிகள் வந்துவிட்டன. ஐந்தே ஊசிகளில் ரேபீஸ் நோயை 100 சதவிகிதம் வர விடாமல் தடுத்துவிடலாம். இந்த ஊசிகள் தொப்புளில் போடப்படுவதில்லை. புஜத்திலேயே போட்டுக் கொள்ளலாம். நாய் கடித்த அன்றே இச்சிகிச்சையைத் தொடங்கிவிட வேண்டும். நாய் கடித்த நாள், 3வது நாள், 7வது நாள், 14வது நாள், 28வது நாள் என 5 தவணைகள் ரேபீஸ் தடுப்பூசியைப் போட்டுக்கொள்ள வேண்டும். காயம் கடுமையாக இருந்தால், 6வது ஊசியை 90வது நாளில் போட்டுக் கொள்ளலாம். இதற்கு அதிக செலவாகும் என்று நினைக்க வேண்டாம். இத்தடுப்பூசி எல்லா அரசு மருத்துவமனைகளிலும் இலவசமாகவே	விளக்கம் அளித்தல்	கவனித்தல்	மின்னல் அட்டையை பயன்படுத்தி விளக்கம் அளிக்கப்படுகிறது	உங்கள் செல்லப்பிராணிக்கு ரேபிஸ் வராமல் தடுப்பதற்கான பாதுகாப்பு முறைகள் யாவை?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
			போடப்படுகிறது.தனியார்மருத்துவமனைகளிலும் கிடைக்கிறது **வீட்டு நாய்க்கும் தடுப்பூசி**! வீட்டில் நாய் வளர்ப்பவர்கள் அதற்கு ரேபீஸ் தடுப்பூசியை கண்டிப்பாகப் போட வேண்டும். நாய்க்குட்டிக்கு3 மாதம் முடிந்ததும் ஒன்றும், 4 மாதம் முடிந்ததும் ஒன்றும் மொத்த ம் 2 தவணைகள் ரேபீஸ் தடுப்பூசியைப் போட்டுவிட வேண்டும். அடுத்து, ஆண்டுக்கு ஒருமுறை ரேபீஸ் பூஸ்டர் தடுப்பூசியைக் கட்டாயம் போட வேண்டும். தெரு நாய்களுடன் வீட்டு நாய்களைச் சேராமல் பார்த்துக் கொள்ள வேண்டும். வீட்டு நாய் சோர்வாக இருந்தாலோ, சாப்பிடாமல் இருந்தாலோ, எல்லோரையும் கடித்துக் கொண்டிருந்தாலோ கட்டிப்போட வேண்டும். அந்த நாயைக் கால்நடை மருத்துவரிடம் காண்பித்து சிகிச்சை அளிக்க வேண்டும். 10 நாட்களுக்குள் அந்த நாய் இறந்துவிட்டால், ரேபீஸ் நோய்க்கான தடுப்பூசியை வீட்டில் உள்ளவர்கள் அனைவரும் போட்டுக்கொள்ள வேண்டும்.				

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
12.	4 நிமி	நாய்க்கடித்த பின்பு என்னென்ன செயல்முறைகள் செய்ய வேண்டும்	**உங்கள் கவனத்துக்கு** 1. பொதுவாக நாய்க்கு தடுப்பூசி போட்டு இருந்தால், கடி பட்டவர்களுக்கு தடுப்பூசி வேண்டாம் என்பது தவறு. அவர்களும் தடுப்பூசி போட்டுக் கொள்ள வேண்டும் 2. 10 நாள், 20 நாள் நாயைப் பார்த்துக் கொண்டால் போதும் என்பதும் தவறானது. கடித்தால் தடுப்பூசி 5ம் அவசியம். நாய்க்கு நோய் வராமலே நாயின் உடலில் கிருமிகள் (Carrier stage) இருக்கலாம். அவை மனித உடலில் உடனே நோயாக மாறும் 3. கீறினால் தடுப்பூசி தேவையில்லை என்பது தவறு. கீறினாலும் அவசியம். நகத்தை நக்கிச் சுத்தம் செய்வதால் எச்சிலில் நகத்தில் பரவும் கிருமி காயத்தில் பட்டால் நோய் பரவும். 4.தோல் கிழிந்த விலங்கு கடித்த காயத்துக்கு 5 தடுப்பூசிகள் அவசியம். 3 போட்டால் போதாது இவ்வாறு எடுத்துக் கொண்ட 5 தடுப்பூசி 5	விளக்கம் அளித்தல்	கவனித்தல்	மின் அட்டையை பயன்படுத்தி விளக்கம் அளிக்கப்படுகிறது	நாய்க்கடித்த பின்பு என்னென்ன செயல்முறைகள் செய்ய வேண்டும்? ...

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
			ஆண்டுகளுக்கு மட்டுமே செல்லும். 5 ஆண்டுக்குள், ஊசி போட்ட ஓராண்டு கழிந்து மீண்டும் கடி பட்டால், ஒரு ஊசி போட்டுக் கொள்ள வேண்டும். 5வது ஆண்டுக்குப் பிறகு, மீண்டும் கடி பட்டால் 5 ஊசிகளும் அவசியம். எந்த உணவுக் கட்டுப்பாடும் நாய்க்கடி நோய்க்கு தேவையில்லை. முழுமையான தடுப்பூசி ஒன்றே 100% பாதுகாப்பான நோய் தடுப்பு முறை. நோய் வந்த பிறகு இந்தியாவில் உயிர் காப்பாற்றப்பட்டது இல்லை. நாய்க்கடி நோய்வாய்ப்பட்டவர்கள் உடலிலிருந்து கூட நோய்க் கிருமி மற்றவர்களுக்கு தொற்றக்கூடும் என்பதால் உடலைக் கூட அரசாங்கமே தகனம் செய்து விடும். உறவினர்கள் கூட பார்க்க முடியாது நாய்கள் மற்றும் வீட்டு விலங்கினங்களை தெரு நாய்களை, ரேபிஸ் கிருமிகளிலிருந்து பாதுகாக்க அரசாங்கத்துக்கு உதவி செய்வோம். தெரு நாய்களை பிடித்துச் செல்லும் வாகனங்கள், அந்நாய்களுக்கு தடுப்பூசி போட்டு கர்ப்பத்தடை அறுவைசிகிச்சை செய்து மீண்டும் அதே				

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியர் செயல்பாடு	தாய்மார்களின் செயல்பாடு	ஒளி, ஒலி அமைப்பு	மதிப்பீடு
			இடத்தில்தான் விட்டுச் செல்வார்கள். அவர்களோடு சண்டையிடாதீர்கள். வருடாவருடம் தெரு நாய்களுக்கு, வீட்டு நாய்களுக்கு, கால்நடை மருத்துவரிடம் காண்பித்து தடுப்பூசி போடுங்கள். இலவசமாக அரசு மருத்துவமனைகளில் போடப்படும் தடுப்பூசியை போட அறிவுறுத்துங்கள். உயிர்இழப்புகளைத் தடுத்து நிறுத்துங்கள்.				

சுருக்கம்:

ரேபீஸ் நோயுள்ள நாயின் உமிழ்நீரில் ரேபீஸ் வைரஸ்கள் வாழும். இந்நாய் மனிதரைக் கடிக்கும் போது ஏற்படும் காயத்தின் வழியாக இந்தக் கிருமிகள் உடலுக்குள் புகுந்து கொள்ளும். நாய்க்கடியைப் பொறுத்த வரை, அலட்சியமாக இருந்தால் உயிருக்கே ஆபத்து ஏற்படும். இதை ஆரம்பத்திலேயே கவனித்து சிகிச்சை பெற்றுக்கொண்டால், உயிர் பிழைத்து விடலாம். பொதுவாக, வெறிநாய் கடித்த 5 நாட்களுக்கு மேல் இந்த நோயின் அறிகுறிகள் தெரியத் தொடங்கும். சிலருக்கு அதிகபட்சமாக 90 நாட்களுக்குப் பிறகு கூட அறிகுறிகள் தோன்றக்கூடும். நாய் கடித்த அன்றே இச்சிகிச்சையைத் தொடங்கிவிட வேண்டும். நாய் கடித்த நாள், 3வது நாள், 7வது நாள், 14வது நாள், 28வது நாள் என 5 தவணைகள் ரேபீஸ் தடுப்பூசியைப் போட்டுக்கொள்ள வேண்டும். காயம் கடுமையாக இருந்தால், 6வது ஊசியை 90வது நாளில் போட்டுக் கொள்ளலாம். இத்தடுப்பூசி எல்லா அரசு மருத்துவமனைகளிலும் இலவசமாகவே போடப்படுகிறது

INFORMATION TO PARTICIPANTS

TITLE: A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF MOTHERS REGARDING MANAGEMENT OF DOG BITE AND PREVENTION OF RABIES AMONG CHILDREN UNDERGOING TREATMENT IN THE ANTI-RABIES VACCINE OUTPATIENT DEPARTMENT AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-8

Sample no :

Name of Participant :

Age/Sex :

Investigator : Priyadarsini. A

Name of Institution :

Enrollment No :

You are invited to take part in this research/ study /procedures. The information in this document is meant to help you to decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to participate in this study being conducted in Institute of Child Health and Hospital for Children, Egmore, Chennai – 8

What is the purpose of the research study? (explain briefly)

This research is conduced "To assess the effectiveness of structured teaching programme on knowledge of mothers regarding management of dog bite and prevention of rabies among children undergoing treatment in the Anti-Rabies Vaccine Outpatient department at Institute of Child Health and Hospital for Children, Egmore, Chennai-08", for which I have obtained permission from the Institutional Ethics Committee.

Study design:

Pre experimental study - One group pre-test post-test control design.

Study procedure:

1. The study will be undertaken after the approval of Institutional Ethics Committee.
2. A written formal permission were obtained from authorities of Institute of Child Health and Hospital for Children, Egmore, Chennai-08 to this study.
3. Those who are willing to participate will be enrolled and informed consent will be obtained.
4. The mothers of children with the history of dog bite who fulfil the inclusion criteria and exclusion criteria are selected as samples.
5. The level of awareness about management of dog bite and prevention of rabies is assessed with structured questionnaire pre-test to mothers of children
6. The structured teaching programme is improving the knowledge on management of dog bite and prevention of rabies includes aspects like definition, etiology, signs and symptoms, management, prevention, complication, home management is provided to the mothers of children for 45minutes.
7. Post-test assess the knowledge regarding management of dog bite and prevention of rabies after the structured teaching programme.
8. After seven days analyse the effectiveness of structured teaching programme about management of dog bite and prevention of rabies
9. The result of the study will be analyzed by using descriptive and inferential statistics.

Possible Risk to you

No risks involved

Possible benefits to mother

Investigator will provide adequate awareness about management of dog bite and prevention of rabies. It will improve the knowledge of the mothers.

Possible benefits to other people

The result of the research may provide benefits to the society in terms of advancement of medical knowledge and/or after care of management of dog bite and prevention of rabies in future.

Confidentiality of the information obtained from mother

Mother have the right to confidentiality regarding the privacy of her medical information (personal details, results of physical examinations, investigations and her medical history). The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal her identity.

How will your decision affect you? (if not to participate in this study)

Your decisions not to participate in this research study will not affect your activity of daily living, medical care or your relationship with investigator or the Institution.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during the course of this study without giving any reasons.

However, it advisable that you talk to the research team prior to stopping the treatment/ discontinuation of procedures etc

The result of this study will be informed to you at the end of the study

Signature of the Investigator **Signature of the Participant**

Date: **Date:**

PATIENT CONSENT FORM

TITLE: A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF MOTHERS REGARDING MANAGEMENT OF DOG BITE AND PREVENTION OF RABIES AMONG CHILDREN UNDERGOING TREATMENT IN THE ANTI-RABIES VACCINE OUTPATIENT DEPARTMENT AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-8

Name of the participant **:**

Date **:**

Age / sex **:**

Investigator **:** Priyadarsini. A

Name of the Institution : Institute of Child Health and Hospital for Children, Egmore, Chennai – 08

Enrollment No **:**

Documentation of the Informed consent: (Legal representative can sign if the participant is minor or incompetent).

- I ---------- have read the information in this from (or it has been read to me). I was free to ask any questions and they have been answered. I am over 18 years of age and exercising my free power of choice, hereby give my consent to be included as a participant in this study.
- I have read and understood this consent form and the information provided to me.
- I had the consent document explained to me in detail.
- I have been explained about the nature of my study.
- My rights and responsibilities have been explained to me by the Investigator.

- I aware the fact that I can opt out of the study at any time without having to give any reason and this will not affect my future treatment in this hospital.
- I hereby give permission to the investigator to release the information obtained from me as result of participation in this study to the sponsors, regulatory authorities, Government, agencies and IEC.
- I have understood that my identity will be kept confidential if my data published are presented.
- I had answered my questions to my satisfaction.
- I have decided to be a part in this research study

I am aware that if I have any question during this study, I should contact the investigator. By signing this consent from I attest that the information given in this document has been clearly explained, to me and understood by me, I will be given a copy of this consent document.

Name and Signature / thumb impression of the participant (Legal representative can if participant is minor or incompetent)

Name ---------- Signature ----------

Date ----------

Name and signature of the investigator or his representative obtaining consent Signature

Name ---------- Signature ----------

Date ----------

ஆராய்ச்சி சுய ஒப்புதல் படிவம்

ஆய்வு தலைப்பு : சென்னை எழும்பூர் அரசினர் குழந்தைகள் நல மருத்துவமனை மற்றும் ஆராய்ச்சி நிலையத்தில், உள்ள தடுப்பூசி மையத்தில் குழந்தைகளின் தாய்மார்களுக்கு நாய்க்கடி சிகிச்சை முறைகள் மற்றும் ரேபிஸ் நோய் தடுப்புமுறைகளை வரையறுக்கப்பட்ட கற்பித்தல் முறையினால் விளையும் நன்மைகள் பற்றிய ஒரு அய்வு.

பங்கேற்பாளர் பெயர் : **வயது:**

ஆய்வாளர் பெயர் : **பிரிய தர்சினி. அ**

ஆய்வு நடைபெரும் இடம் : தடுப்பூசி மைய பிரிவு அரசு குழந்தைகள் நலமருத்துவமனை எழும்பூர் சென்னை 08

.....என்பவராகிய நான் இந்த ஆய்வின் விவரங்களும் அதன் நோக்கங்களும் முழுமையாக அறிந்து கொண்டேன். எனது சந்தேகங்கள் அனைத்திற்க்கும் தகுந்த விளக்கம் அளிக்கப்பட்டது. இந்த ஆய்வில் முழு சுதந்திரத்துடன் மற்றும் சுய நினைவுடன் பங்கு கொள்ள சம்மதிக்கிறேன்.

1. நான் இந்த ஒப்புதல் தகவல்தாளை படித்து புரிந்துக் கொண்டேன்.
2. இச்சுய ஒப்புதல் படிவத்தை பற்றி எனக்கு விளக்கப்பட்டது.
3. எனக்கு விளக்கப்பட்ட தகவல்களை நான் புரிந்து கொண்டேன். எனது சம்மதத்தை தெரிவிக்கிறேன்.
4. இந்த ஆய்வினை பற்றிய அனைத்து தகவல்களும் எனக்கு தெரிவிக்கப்பட்டது.
5. இந்த ஆய்வில் எனது உரிமை மற்றும் பங்கினை பற்றி அறிந்துக்கொண்டேன்.
6. இந்த ஆய்வில் ஏற்படும் பாதிப்புகள் எனக்கு விளக்கப்பட்டது.

7. நான் ஆய்வாளருக்கு முழு ஒத்துழைப்பு அளிப்பேன், மேலும் எனக்கு பக்கவிளைவு ஏதாவது ஏற்ப்பட்டால் ஆய்வாளருக்கு உடனடியாக தெரிவிப்பேன்.
8. இந்த ஆய்வில் பிறரின் நிர்பந்தமின்றி என் சொந்த விருப்பதின் பேரில் பங்கு பெற சம்மதிக்கிறேன் மற்றும் நான் இந்த ஆராய்ச்சியிலிருந்து எந்நேரமும் பின் வாங்கலாம் என்பதையும் அதனால் எனக்கு எந்த பாதிப்பும் ஏற்படாது என்பதையும் நான் புரிந்து கொண்டேன்.

இந்த ஆய்வில் கலந்து கொள்வதன் மூலம் என்னிடம் இருந்து பெறப்படும் தகவல்களை ஆய்வாளர், நிறுவன நெறிமுறைக் குழுவை சார்ந்தவர்களோ, அரசு நிறுவனத்திடமோ தேவைப்பட்டால் பகிர்ந்துக் கொள்ளலாம் என சம்மதிக்கிறேன்.

இந்த ஆய்வின் முடிவுகளை வெளியிடும் போது எனது குழந்தையின் பெயரோ, என் பெயரோ,அடையாளமோவெளிடப்படாது என அறிந்துக்கொண்டேன். இந்த ஆய்வின் விவரங்களைக் கொண்ட தகவல் தாளைப் பெற்றுக்கொண்டேன். இந்த ஆய்வில் பங்கேற்கும் பொழுது ஏதேனும் சந்தேகம் ஏற்பட்டால், உடனே ஆய்வாளரை தொடர்பு கொள்ள வேண்டும் என அறிந்துக்கொண்டேன்.

இச்சுய ஒப்புதல் படிவத்தில் கையெழுத்திடுவதின் மூலம் இதிலுள்ள அனைத்து தகவல்களும் எனக்கு தெளிவாக விளக்கப்பட்டது. இச்சுய ஒப்புதல் படிவத்தின் ஒரு நகல் எனக்கு கொடுக்கப்படும் என்று தெரிந்துக் கொண்டேன்.

ஆய்வாளர் கையொப்பம் ***பங்கேற்பாளர் கையொப்பம்***

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு : சென்னை எழும்பூர் அரசினர் குழந்தைகள் நல மருத்துவமனை மற்றும் ஆராய்ச்சி நிலையத்தில், உள்ள தடுப்பூசி மையத்தில் குழந்தைகளின் தாய்மார்களுக்கு நாய்க்கடி சிகிச்சை முறைகள் மற்றும் ரேபிஸ் நோய் தடுப்புமுறைகளை வரையறுக்கப்பட்ட கற்பித்தல் முறையினால் விளையும் நன்மைகள் பற்றிய ஒரு அய்வு.

ஆய்வாளர் பெயர் : **பிரியதர்சினி. அ**

பங்கேற்பாளர் :

வயது :

தேதி :

இந்த ஆய்வு சென்னை எழும்பூரில் உள்ள அரசு குழந்தைகள் நல மருத்துவமனையில் நடைபெற உள்ளது. நாய்க்கடி சிகிச்சை பெறும் குழந்தைகளின் தாய்மார்கள் இந்த ஆய்வில் பங்கேற்க நான் விரும்புகிறேன். இதிலுள்ள தகவலின் அடிப்படையில் இந்த ஆய்வில் பங்கேற்பதா அல்லது வேண்டாமா என்று நீங்கள் முடிவு செய்துக்கொள்ளலாம். உங்களது சந்தேகங்களை எங்களிடம் கேட்டு நிவர்த்தி செய்து கொள்ளலாம்.

இந்த ஆய்வின் நோக்கம்:

நிறைய தாய்மார்கள் தங்களின் குழந்தையை நாய்க்கடித்தப் பின்பு அவர்களை பாதுகப்பதில் பராமரிப்பதிலும் கவன குறைவாக உள்ளனர். நாய்க்கடியினால் எற்படும் ரேபிஸ் நோயின் அபாயம் பற்றிய அறியாமை நிலவுகின்றது, மேலும் இதனால் குழந்தைகளின் இறப்பு விகிதம் அதிகரிக்கிறது. எனவே வரையறுக்கப்பட்ட கல்வி மூலமாக நாய்க்கடி சிகிச்சை முறைகள் மற்றும் ரேபிஸ் நோயின் மேலாண்மையை தாய்மார்களுக்கு விவரித்து அறிவு திறனை அதிகரிக்க முடியும். இந்த ஆய்விற்க்கு நிறுவன நெறிமுறைக் குழுவிடம் அனுமதி பெற்றிருக்கிறோம்.

ஆய்வின் செயல்முறை:

இந்த ஆய்வில் நாய்க்கடி சிகிச்சைமுறைகள் மற்றும் ரேபிஸ் நோய் பற்றிய சில கேள்விகள் கேட்கப்படும் அதன் மூலம் தாய்மார்களின் அறிவுத்திறனை அறிந்து கொள்ள முடியும். பிறகு வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்ச்சியின் மூலமாக நாய்க்கடி சிகிச்சைமுறைகள் மற்றும் ரேபிஸ் நோயின் மேலாண்மை பற்றிய விளக்கப்படும். ஏழு நாட்களுக்கு பிறகு அதே கேள்விகளை கேட்கப்படும். பிறகு தாய்மார்களின் அறித்திறன் சோதிக்கப்படும்.

ஆய்வினால் ஏற்படும் நன்மைகள்:

இந்த ஆய்வில் கலந்து கொள்வதன் மூலம் நீங்கள் நோயின் தன்மையில் முன்னேற்றம் பெறலாம் மேலும் வருங்காலத்தில் நோயாளிகளும் பயன்பெற இந்த ஆய்வு உதவியாக அமையும்.

மருத்துவ சிகிச்சையின் தகவல்கள் குறித்த விவரங்கள்:

உங்கள் குழந்தையின் மருத்துவ சிகிச்சை குறித்த தகவல்கள் (பெயர், மருத்துவ பரிசோதனை முடிவு, மருத்துவ ஆய்வு முடிவு) ரகசியமாக பாதுகாக்கப்படும்.இந்த தகவல் தாளில் கையெழுத்திடுவதின் மூலம் உங்கள் குழந்தையைப் பற்றிய குறிப்புகளோ எடுத்துக்கொண்ட சிகிச்சை முறைகளோ தேவைப்பட்டால் ஆய்வாளரிடமோ நிறுவன நெறிமுறைக் குழுவை சார்ந்தவர்களிடமோ, பகிர்ந்துக் கொள்ளலாம் என சம்மதிக்கிறேன்.

இந்த ஆய்வின் முடிவுகளை வெளியிடும் போது எனது குழந்தையின் பெயரோ,என் பெயரோ, அடையாளமோ வெளிடப்படாது என அறிந்துக் கொண்டேன். இந்த ஆய்வில் நீங்கள் பங்கேற்காவிட்டாலும் நீங்கள் வழக்கமான சிகிச்சையை தொடர்ந்து பெறலாம். இந்த சிறப்பு சிகிச்சையின் முடிவுகளை ஆய்வின் போதோ அல்லது ஆய்வின் முடிவின் போதோ தங்களுக்கு அறிவிக்கப்படும் என்பதையும் தெரிவித்துக் கொள்கிறேன்.

பங்கேற்பாளர் கையொப்பம் **ஆய்வாளர் கையொப்பம்**

PRE TEST CODING SHEET

	DEMOGRAPHIC DATA										SEMISTRUCTURED QUESTIONNAIRE RELATED TO KNOWLEDGE																									
Sample no	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	total	%
1	a	a	b	b	b	b	a	c	b	b	1	0	1	1	0	1	0	1	1	0	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	9	36%
2	b	a	a	a	a	a	b	d	a	b	1	0	0	1	0	1	1	1	1	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0	1	10	40%
3	a	a	a	d	a	b	a	c	b	a	0	0	0	1	0	1	1	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	1	0	0	7	28%
4	b	a	b	c	a	b	b	d	a	b	0	0	0	1	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	6	24%
5	b	b	a	d	c	b	a	c	b	a	1	0	1	1	0	0	1	0	1	1	0	0	0	0	1	0	0	1	0	0	0	1	1	0	1	11	44%
6	b	b	b	c	c	b	a	c	b	a	1	0	1	1	0	0	0	0	1	1	0	0	0	0	1	1	0	1	0	1	0	0	1	0	1	11	44%
7	b	a	a	b	b	a	b	c	b	b	0	0	1	1	0	1	1	0	0	0	0	0	1	0	1	0	0	1	0	0	1	1	0	0	0	9	36%
8	c	a	a	c	b	b	a	c	b	b	0	0	0	1	0	1	1	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	1	0	0	7	28%
9	b	a	b	c	a	b	a	c	b	a	1	0	0	1	0	0	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	0	0	1	1	8	32%
10	c	a	b	c	c	b	a	c	a	a	0	0	1	1	0	1	1	1	1	1	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	10	40%
11	c	a	a	b	a	b	b	d	a	b	1	0	1	1	0	0	0	1	0	0	1	0	1	0	1	1	1	0	0	0	0	0	0	0	0	9	36%
12	d	b	b	b	a	b	a	c	b	b	1	0	0	1	0	0	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	1	1	0	8	32%
13	c	b	a	d	d	b	a	c	b	a	1	0	1	1	0	0	0	1	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	7	28%
14	b	b	b	a	a	b	a	c	b	a	1	0	1	1	0	0	1	0	0	1	0	0	0	1	1	0	1	0	1	0	0	0	0	0	0	8	32%
15	a	a	c	a	a	a	b	d	a	b	0	0	1	1	1	0	1	0	1	0	0	0	0	1	1	0	0	1	0	0	0	0	0	1	1	10	40%
16	a	b	a	d	b	a	a	c	a	b	0	0	1	1	0	0	0	1	1	0	1	0	1	1	0	1	1	1	0	0	0	0	0	0	0	10	40%
17	b	b	b	b	b	b	a	c	b	b	0	1	1	1	0	1	0	0	0	0	0	0	1	0	0	1	0	1	0	1	0	0	0	0	1	9	36%
18	c	a	b	b	a	b	a	c	b	b	0	0	0	1	1	1	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	1	8	32%
19	b	a	a	b	c	b	b	d	a	b	1	0	0	1	1	1	0	1	1	0	0	0	0	0	1	0	1	1	1	0	1	0	0	0	1	12	48%
20	a	b	b	c	c	b	a	c	b	b	1	1	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	7	28%
21	d	a	a	a	a	a	b	d	a	b	1	0	1	1	0	1	1	0	1	1	0	0	0	0	1	0	1	1	1	0	0	0	0	1	1	13	52%
22	c	a	c	a	b	a	a	d	b	b	1	0	0	0	1	0	0	1	0	0	1	0	0	1	1	1	0	0	0	1	0	1	0	0	1	10	40%
23	a	b	a	a	a	a	a	a	a	b	0	1	1	1	0	0	1	0	1	0	0	0	0	1	0	1	1	0	1	1	0	0	0	1	1	12	48%
24	b	a	a	b	a	b	a	c	b	b	1	1	0	1	0	0	0	0	1	0	1	0	0	0	0	1	0	1	0	0	1	1	0	0	1	10	40%
25	a	a	a	a	b	a	b	c	b	b	0	1	1	0	0	1	0	1	0	1	0	0	1	0	0	1	0	0	0	0	0	1	1	0	0	9	36%
26	d	a	b	c	b	b	a	c	b	a	1	1	1	0	1	0	0	0	0	1	0	0	0	1	1	1	0	0	0	1	0	1	0	1	0	11	44%
27	b	a	b	a	b	b	a	c	b	b	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	8	32%
28	c	b	b	d	c	b	b	d	a	b	0	1	1	0	1	0	0	1	0	1	0	1	0	0	0	1	0	1	0	0	0	0	0	1	0	9	36%
29	a	b	a	b	a	a	a	c	b	b	1	0	1	1	0	0	0	0	1	1	0	1	1	0	1	1	0	0	1	0	1	0	1	0	1	13	52%
30	a	a	c	b	c	b	b	d	a	b	0	0	1	1	0	0	1	0	1	0	0	1	1	0	0	0	0	1	0	1	0	0	1	0	1	10	40%

	DEMOGRAPHIC DATA										SEMISTRUCTURED QUESTIONNAIRE RELATED TO KNOWLEDGE																									
Sample no	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	total	%
31	a	b	a	c	c	b	a	c	b	b	1	1	1	1	0	1	0	0	1	0	1	0	0	0	1	1	1	0	0	0	0	1	1	1	0	13	52%
32	a	a	b	a	a	a	b	d	a	b	1	0	0	1	1	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	1	0	1	8	32%
33	b	b	b	a	b	a	a	d	b	b	1	0	1	0	1	0	0	0	1	1	0	1	0	1	0	1	0	0	1	0	1	0	0	0	1	11	44%
34	a	a	a	a	a	a	a	a	a	b	1	0	1	0	0	0	1	0	1	1	0	1	0	0	1	0	0	0	1	0	1	0	1	0	0	9	36%
35	a	b	b	c	a	b	b	d	a	b	0	0	1	0	0	1	1	0	0	0	0	1	0	0	1	0	1	0	0	0	1	1	0	0	1	9	36%
36	a	b	a	d	c	b	a	c	b	a	0	0	0	1	1	1	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	8	32%
37	a	b	a	c	c	b	a	c	b	a	1	0	0	1	1	1	0	1	1	0	0	0	0	0	1	0	1	1	1	0	1	0	0	0	1	12	48%
38	d	a	b	b	b	a	b	c	b	b	1	1	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	7	28%
39	b	a	b	c	b	b	a	c	b	b	1	0	1	1	0	1	1	0	1	1	0	0	0	0	1	0	1	1	1	0	0	0	0	1	1	13	52%
40	b	a	a	c	a	b	a	c	b	a	1	0	0	0	1	0	0	1	0	0	1	0	0	1	1	1	0	0	0	1	0	1	0	0	1	10	40%
41	a	a	a	c	c	b	a	c	a	a	0	1	1	1	0	0	1	0	1	0	0	0	0	1	0	1	1	0	1	1	0	0	0	1	1	12	92%
42	d	b	b	b	a	b	b	d	a	b	1	1	0	1	0	0	0	0	1	0	1	0	0	0	0	1	0	1	0	0	1	1	0	0	1	10	40%
43	b	a	c	a	a	a	b	d	a	b	0	1	1	0	0	1	0	1	0	1	0	0	1	0	0	1	0	0	0	0	0	1	1	0	0	9	36%
44	b	a	a	b	b	b	a	c	b	b	1	1	1	0	1	0	0	0	0	1	0	0	0	1	1	1	0	0	0	1	0	1	0	1	0	11	44%
45	b	b	a	b	a	b	b	d	a	b	0	0	0	1	0	1	1	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	1	0	0	7	28%
46	b	b	a	c	a	a	a	a	a	b	0	0	0	1	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	6	24%
47	c	a	b	a	a	b	b	d	a	b	1	0	1	1	0	0	1	0	1	1	0	0	0	0	1	0	0	1	0	0	0	1	1	0	1	11	44%
48	c	a	b	b	c	b	a	c	b	a	0	0	1	0	0	1	1	0	0	0	0	1	0	0	1	0	1	0	0	0	1	1	0	0	1	9	36%
49	a	a	a	a	b	b	a	c	b	b	0	0	0	1	1	1	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	8	32%
50	b	b	b	a	a	a	b	d	a	b	1	0	0	1	1	1	0	1	1	0	0	0	0	0	1	0	1	1	1	0	1	0	0	0	1	12	48%
51	b	b	a	b	a	b	a	c	b	a	1	1	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	7	28%
52	b	a	b	a	a	b	b	d	a	b	1	0	1	1	0	1	1	0	1	1	0	0	0	0	1	0	1	1	1	0	0	0	0	1	1	13	52%
53	b	a	a	b	c	b	a	c	b	b	1	0	0	1	0	0	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	1	1	0	8	32%
54	c	a	a	a	c	b	a	c	b	a	1	0	1	1	0	0	0	1	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	7	28%
55	b	a	b	d	d	c	b	c	b	a	1	0	1	1	0	0	1	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	6	24%
56	b	a	b	a	a	b	b	d	a	b	0	0	1	1	1	0	1	0	1	0	0	0	0	1	1	0	0	1	0	0	0	0	0	1	1	10	40%
57	a	a	a	b	a	b	b	d	a	b	0	0	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	4	16%
58	b	a	a	b	a	b	b	d	a	b	0	1	1	0	0	1	0	1	0	1	0	0	1	0	0	1	0	0	0	0	0	1	1	0	0	9	36%
59	d	b	a	c	c	b	a	c	b	b	1	1	1	0	1	0	0	0	0	1	0	0	0	1	1	1	0	0	0	1	0	1	0	1	0	11	44%
60	b	c	a	c	a	d	c	a	b	b	0	0	0	1	0	1	1	0	0	0	0	0	0	1	0	1	0	1	0	0	0	0	1	0	0	7	28%

coding test

post test

questions	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	total	
sample 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	0	1	0	1	1	1	21	84%
2	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	22	88%
3	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	23	92%
5	1	1	1	1	1	1	0	1	0	1	1	0	0	1	1	1	0	1	1	1	1	1	1	1	1	20	80%
6	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	22	88%
7	1	1	1	1	1	1	1	1	1	0	0	1	0	1	1	1	1	0	1	1	0	0	1	1	1	19	76%
8	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	0	0	1	1	24	96%
9	1	1	1	1	0	1	1	0	1	1	1	1	1	1	0	1	0	0	1	1	1	1	1	1	1	20	80%
10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%
11	1	1	1	1	1	1	1	1	0	0	1	1	1	1	0	1	0	0	1	0	1	1	1	1	1	19	76%
12	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	0	1	21	84%
13	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	22	88%
14	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	23	92%
15	0	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	22	88%
16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%
17	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	0	0	0	1	1	0	1	1	1	19	76%
18	1	1	1	0	1	1	1	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	21	84%
19	1	1	1	1	1	1	1	1	0	0	1	0	1	1	0	1	0	0	1	0	1	1	1	1	1	18	72%
20	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	22	88%
21	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	23	92%
22	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%
23	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	0	1	21	84%
24	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	22	88%
25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%
26	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	0	1	1	21	84%
27	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	23	92%
28	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1	0	21	84%
29	1	1	1	1	1	1	1	1	0	1	1	0	1	1	0	1	1	1	1	0	1	0	1	0	1	19	76%
30	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	22	88%
31	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%
32	1	1	1	1	0	1	0	1	1	1	1	1	0	1	0	1	1	1	1	0	1	1	1	1	1	20	80%
33	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	22	88%

questions	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	total	
sample 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	0	1	0	1	1	1	21	84%
34	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	23	92%
35	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%
36	1	1	0	1	1	1	0	1	0	1	1	0	1	0	1	0	1	1	1	1	0	1	1	1	1	18	72%
37	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	0	1	1	1	1	1	22	88%
38	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%
39	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	0	1	1	22	88%
40	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	23	92%
41	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	0	1	1	1	1	1	0	1	0	20	80%
42	1	1	1	1	1	1	1	1	0	1	1	0	1	1	0	1	1	1	1	0	1	0	1	0	1	19	76%
43	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	22	88%
44	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%
45	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	24	96%
46	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	22	88%
47	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	23	92%
48	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	23	92%
49	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	0	1	1	1	1	1	1	1	23	92%
50	1	1	1	1	1	1	0	1	0	1	1	0	0	1	1	1	0	1	1	1	1	1	1	1	1	20	80%
51	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	22	88%
52	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	22	88%
53	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	24	96%
54	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	0	1	1	0	1	1	20	80%
55	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	22	88%
56	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%
57	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	24	96%
58	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	1	1	20	80%
59	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%
60	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	100%

REQUISITION LETTER

Director and Superintendent
Institute of Child Health and
Hospital for Children
Egmore, Chennai - 600 008

From

Priyadarsini. A
M.Sc.(N) – II-year student,
College of Nursing
Madras Medical College
Chennai-03

To

The Director,
Institute of Child Health and Hospital for Children,
Egmore, Chennai-08".

Through,
Principal,
College of Nursing, Madras Medical College, Chennai – 03

Respected Sir/Madam,

Sub : Requesting permission to conduct research at Institute of Child Health and Hospital for Children, Egmore, Chennai-08"-regarding

I M. Sc Nursing II-year student has to conduct the research study for the fulfillment of M. Sc(N)Programme. My topic is **"A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge of Mothers regarding Management of Dog bite and Prevention of Rabies among Children, undergoing treatment in the Anti-Rabies Vaccine Outpatient department at Institute of Child Health and Hospital for Children, Egmore, Chennai-08"**. The data collection period is from 02/01/2018 to 27/01/2018 at 8am-4pm. I assure that I will not disturb the routine activities of the outpatient department.

With due respect, I request your good self to kindly permit me to conduct this study.

Thanking you

Forwarded
6.12.17
for

PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.

Signature of H.O.D

Yours faithfully,

(PRIYADARSINI.A)

Encl: Copy of Institutional Ethical Committee Approval Letter

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Mrs. Priyadarsini. A, (M. Sc Nursing) II-year student College of Nursing, Madras Medical College which is to be used in her study titled, **"A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge of Mothers regarding Management of Dog bite and Prevention of Rabies among Children, undergoing treatment in the Anti-Rabies Vaccine Outpatient department at Institute of Child Health and Hospital for Children, Egmore, Chennai--08."** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

Signature with seal

BILLROTH COLLEGE OF NURSING
NO.2. METTUKUPPAM RO/
MADURAVOYAL,
CHENNAI- 600 095

Name : Mrs. R. Dhanalakshmi, M. Sc(N)

Designation : Associate Professor

College : Bill Roth College of Nursing
Chennai

Place :

Date :

BILLROTH COLLEGE OF NURSING
Date 26/12/17
CHENNAI-600 095

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI 600 003

EC Reg.No.ECR/270/Inst./TN/2013
Telephone No.044 25305301
Fax: 011 25363970

CERTIFICATE OF APPROVAL

To
Priyadarsini.A.
M.Sc. (N) I Year Student
College of Nursing
Madras Medical College
Chennai 600 003

Dear Priyadarsini.A ,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF MOTHERS REGARDING MANAGEMENT OF DOG BITE AND PREVENTION OF RABIES AMONG CHILDREN UNDERGOING TREATMENT IN THE ANTI-RABIES VACCINE OUTPATIENT DEPARTMENT AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI 8 " - NO.11072017**

The following members of Ethics Committee were present in the meeting hold on **11.07.2017** conducted at Madras Medical College, Chennai 3

1. Prof.Dr.C.Rajendran, MD.,	:Chairperson
2. Prof.R.Narayana Babu,MD.,DCH.,Dean,MMC,Ch-3	: Deputy Chairperson
3. Prof.Sudha Seshayyan,MD., Vice Principal,MMC,Ch-3	:Member Secretary
4. Prof.S.Mayilvahanan,MD,Director,Inst. of Int.Med,MMC, Ch-3	: Member
5. Prof.A.Pandiya Raj,Director, Inst. of Gen.Surgery,MMC	: Member
6. Prof.Rema Chandramohan,Prof.of Paediatrics,ICH,Chennai	: Member
7. Prof. Susila, Director, Inst. of Pharmacology,MMC,Ch-3	: Member
8.Thiru S.Govindasamy, BA.,BL,High Court,Chennai	: Lawyer
9.Tmt.Arnold Saulina, MA.,MSW.,	:Social Scientist
10.Tmt.J.Rajalakshmi, JAO,MMC, Ch-3	: Lay Person

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary, Ethics Committee

MEMBER SECRETARY
INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE
CHENNAI-600 003

CERTIFICATE OF ENGLISH EDITING

This is to certify that the dissertation work topic **"A study to assess the effectiveness of structured teaching programme on knowledge of mothers regarding management of dog bite and prevention of rabies among children, undergoing treatment in the Anti-Rabies Vaccine Outpatient department at Institute of Child Health and Hospital for Children, Egmore, Chennai-08"** done by Mrs. Priya darsini.A, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai-03 was edited for English language appropriateness

NAME : A. JOSEPH SANTHA SEELAN

DESIGNATION : B.T. ASST. (ENGLISH).

DATE : 19.06.2018

PLACE : VITTALAPURAM.

SIGNATURE WITH SEAL : A. 19/06/18

A.Joseph Santha Seelan, M.A.,M.A.,B.Ed.,M.Phil.,
B.T. Assistant (English)
Govt. High School
Vittalapuram-604 002., Vpm. Dt.

GOVT. HIGH SCHOOL * VITTALAPURAM-604002. * Date: 19/06/18

CERTIFICATE OF TAMIL EDITING

This is to certify that the dissertation work topic **"A study to assess the effectiveness of structured teaching programme on knowledge of mothers regarding management of dog bite and prevention of rabies among children, undergoing treatment in the Anti-Rabies Vaccine Outpatient department at Institute of Child Health and Hospital for Children, Egmore, Chennai-08"**done by Mrs. PRIYA DARSINI.A, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai-03 was edited for Tamil language appropriateness

NAME : K. SHAMEEM BANU, M.A, B.Ed, M

DESIGNATION : B.T. Asst (TAMIL)

DATE : 14.06.2018

PLACE : THIRUVANNAMALAI

SIGNATURE WITH SEAL :

க. ஷரீம்பானு,
எம்.ஏ.,பி.எட்.,எம்.ஃபில்.,
தமிழாசிரியை,
நகராட்சி மேனிலைப் பள்ளி,
திருவண்ணாமலை

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Mrs.Priyadarsini.A, (M.Sc Nursing) II year student, College of Nursing, Madras Medical College which is to be used in her study titled, **"A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge of Mothers regarding Management of Dog bite and Prevention of Rabies among Children, undergoing treatment in the Anti-Rabies Vaccine Outpatient department at Institute of Child Health and Hospital for Children, Egmore, Chennai- 08."** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

20/12/17

Signature with seal

HOD-CHILD HEALTH NURSING
MMM COLLEGE OF NURSING
No. 131, SAKTHI NAGAR,
NOLAMBUR,
CHENNAI - 600 095.

Name : Dr. Zealous Mary, M. Sc(N), Ph.D.,

Designation : HOD & Professor,

College : College of Nursing, Madras Medical Mission
Chennai.

Place : Nolambur, Chennai

Date : 20/12/17

MMM COLLEGE OF NURSING
No. 131, Sakthi Nagar, Nolambur, Mugappair West
CHENNAI - 600 095

INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN

EGMORE, CHENNAI- 08

STATISTICS OF DOG BITE

(2014-2017)

YEAR	OUTPATIENT CENSUS	INPATIENT CENSUS
2014	2960	982
2015	2499	997
2016	2168	614
2017	1382	460

S. PUNITHAVATHY
SENIOR MEDICAL RECORD OFFICER
INSTITUTE OF CHILD HEALTH AND
HOSPITAL FOR CHILDREN,
EGMORE, CHENNAI-600 008.

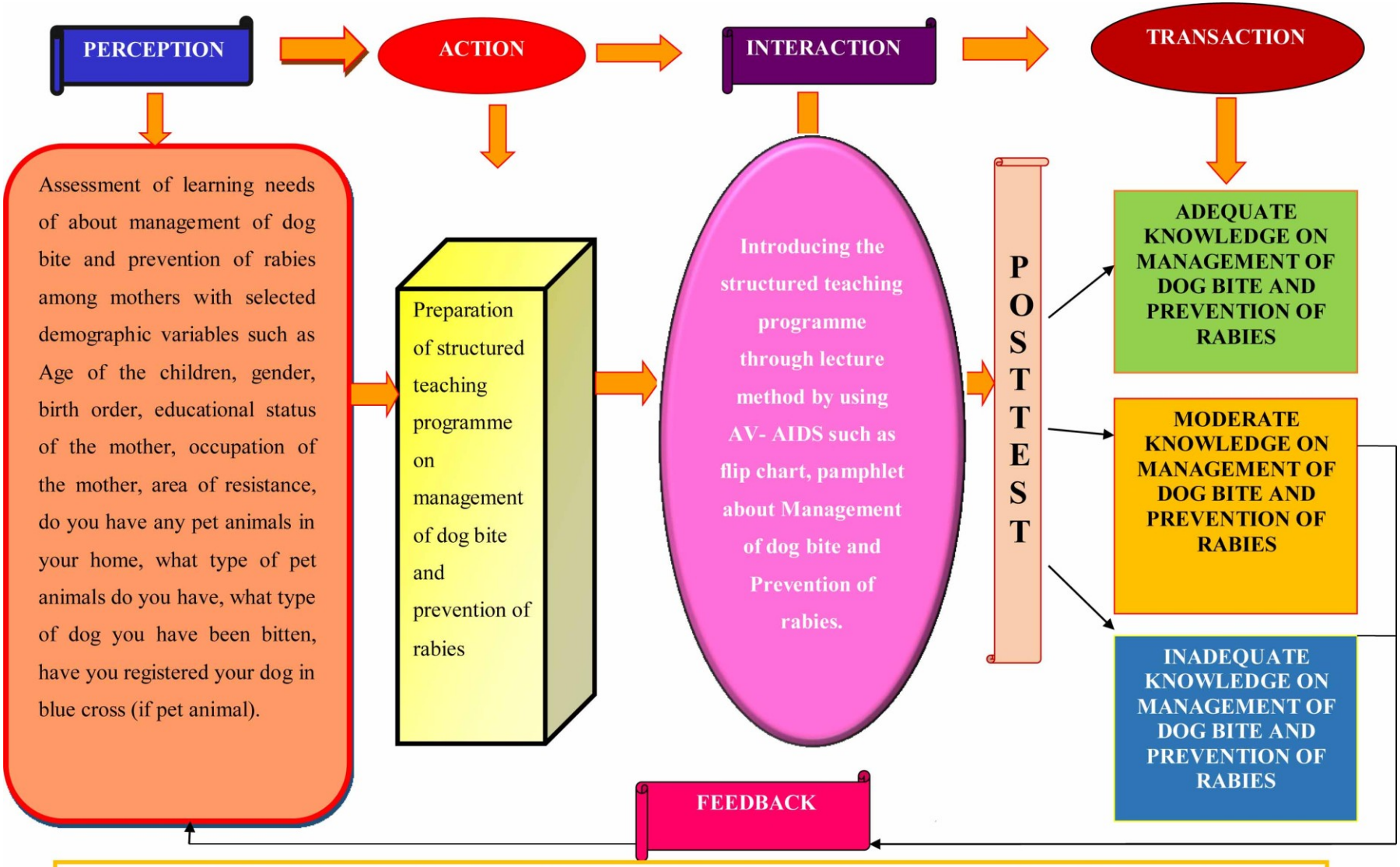
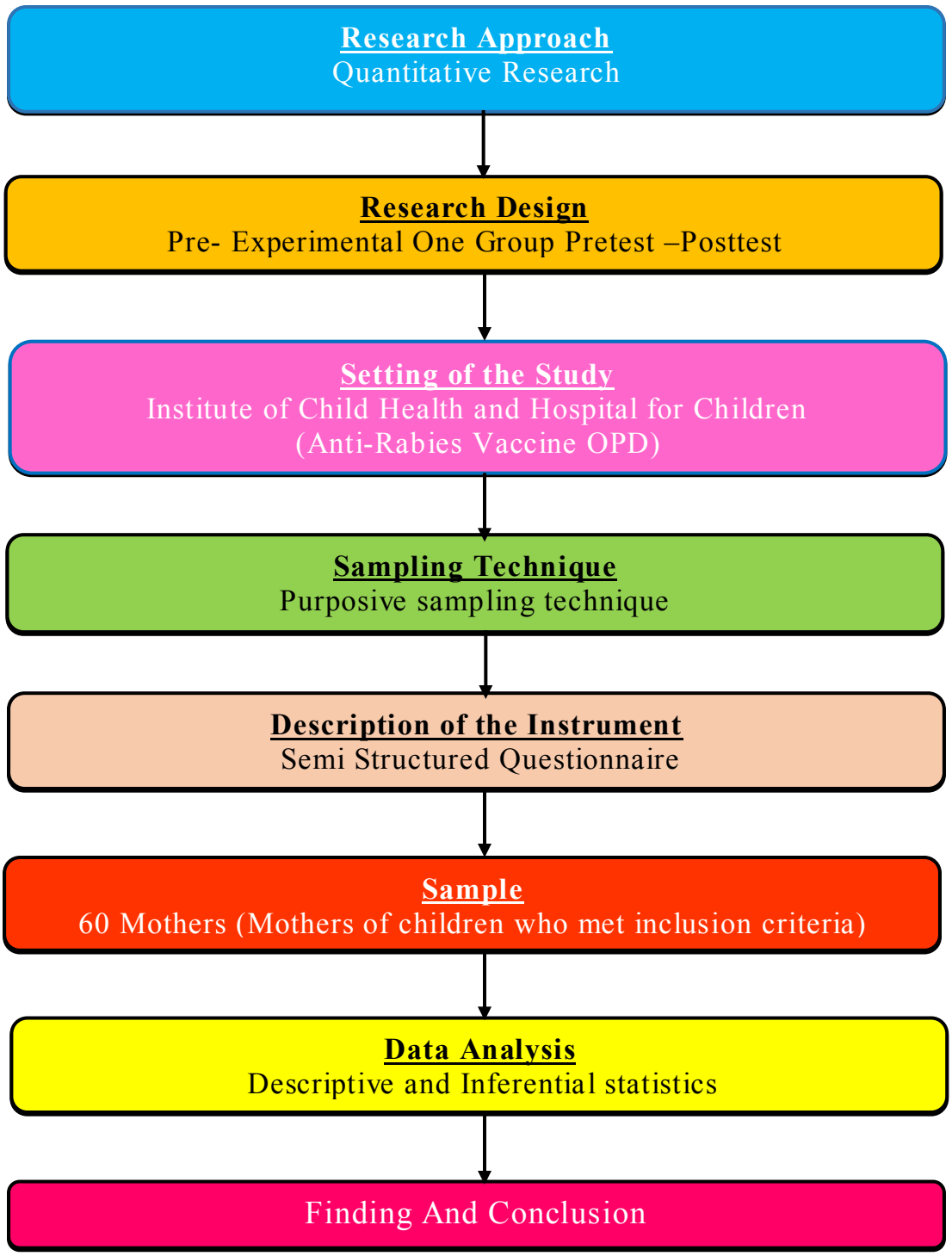


FIGURE 2.1 CONCEPTUAL FRAMEWORK BASED ON MODIFIED IMOGENE KINGS GOAL ATTAINMENT THEORY (2011)

FIGURE 3.1: SCHEMATIC PRESENTATION OF RESEARCH METHODOLOGY



Age of children

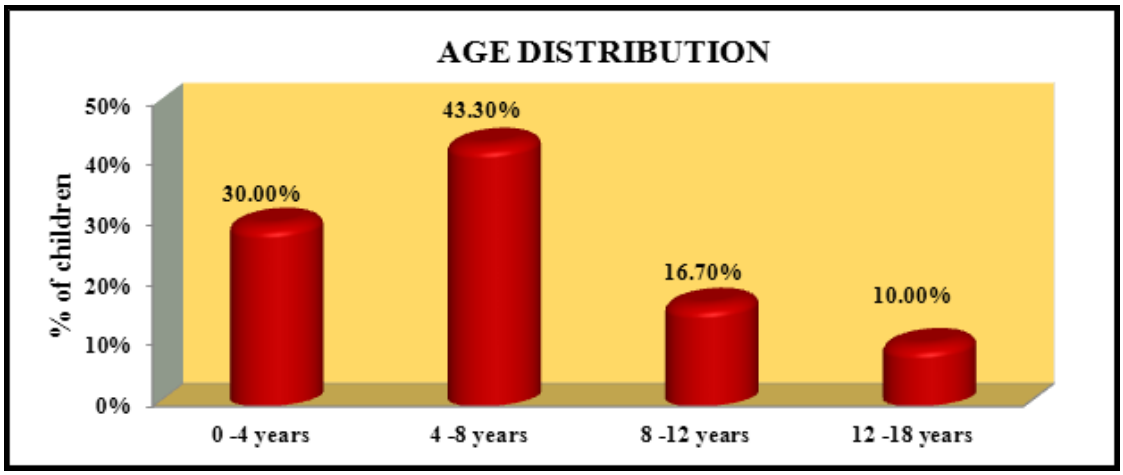


Figure-4.1 Cylinder diagram shows distribution of sample age group

30.0% of the children belongs to age group of 0-4 years, 43.30% of the children belongs to the age group of 4- 8 years, 16.70% belongs to the age group of 8-12 years, 10% belongs to the age group of 12-18 years

Gender of the Children

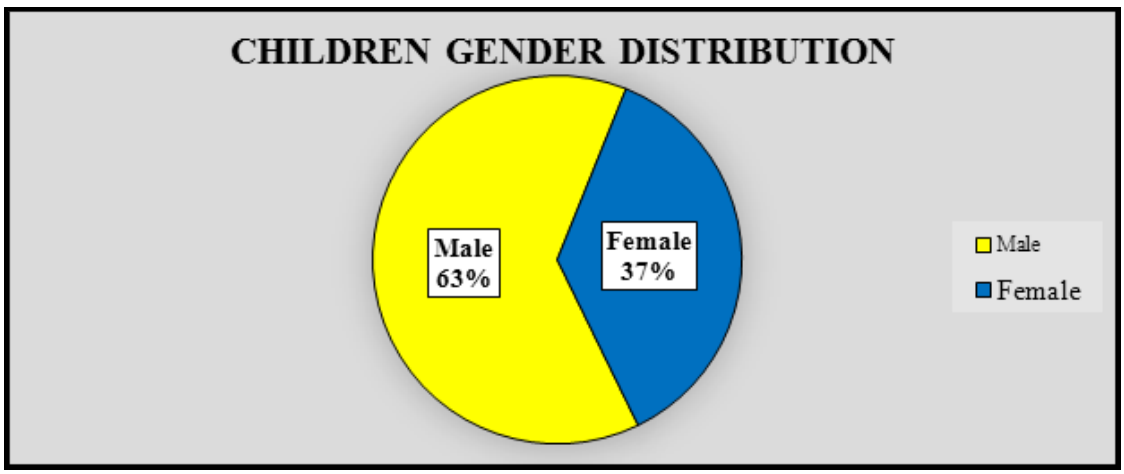


Figure-4.2 Pie diagram shows distribution of gender of children

Data in table 4.1 and figure 4.2 shows 63.3% of children are male, 36.7% of children are female.

Birth Order of the Child

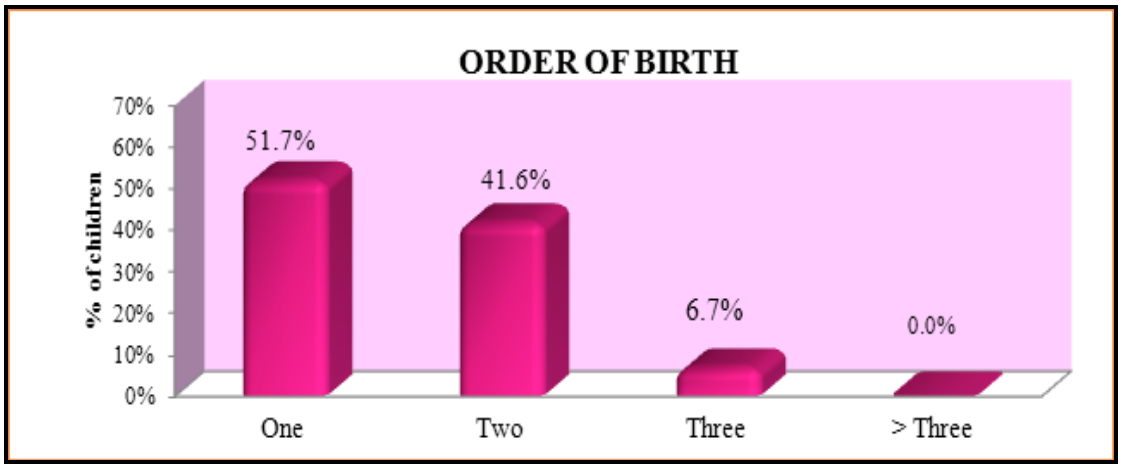


Figure – 4.3. Bar diagram shows distribution of sample according to order of birth

Data in table 4.1 and figure 4.3 shows that 51.7%of subjects have one child,41.6% of subjects have two children, 6.7% of subjects have three children, none of subjects have above three children.

Education of Mother

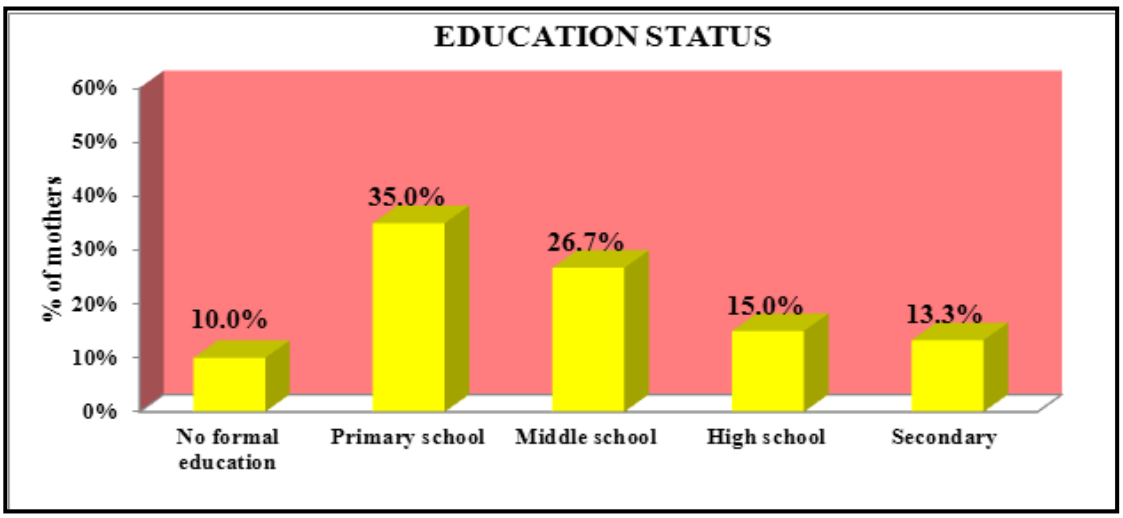


Figure 4.4: Bar diagram showing distribution of sample according to education.

Data in table 4.1 and figure 4.4 shows that 10% of mothers had no formal education, 35% had Primary school, 26.7% had Middle school, 15.0% had High school, 13.3% had Secondary school

Occupation of Mother

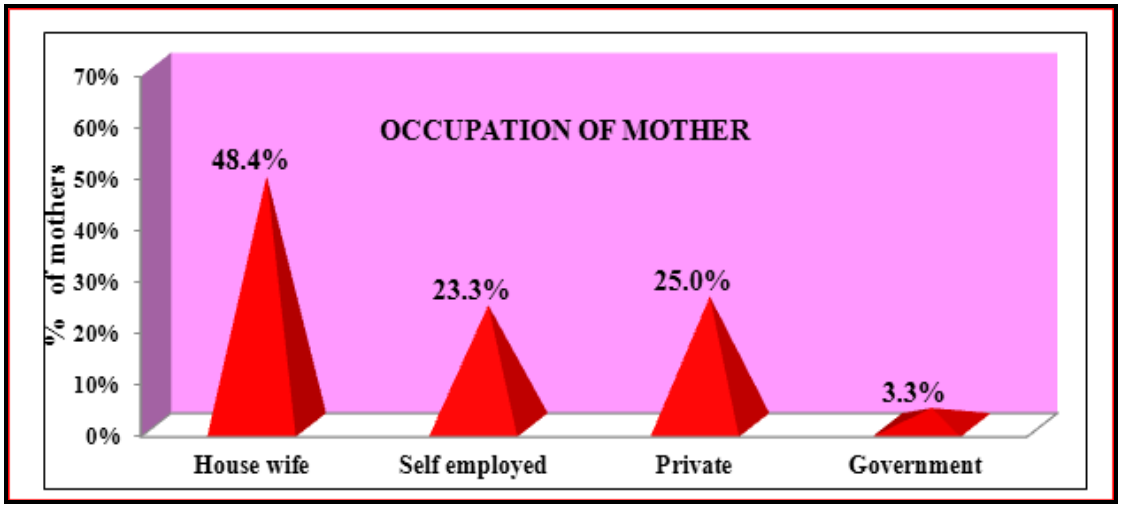


Figure 4.5: Cone diagram showing distribution of sample according to monthly income

Data in table 4.1 and figure 4.5 shows that 48.4% of the subjects were House wife, 48.4% were Self-employed, 25.0%) were Private, 48.4% were Government.

Area of Residence

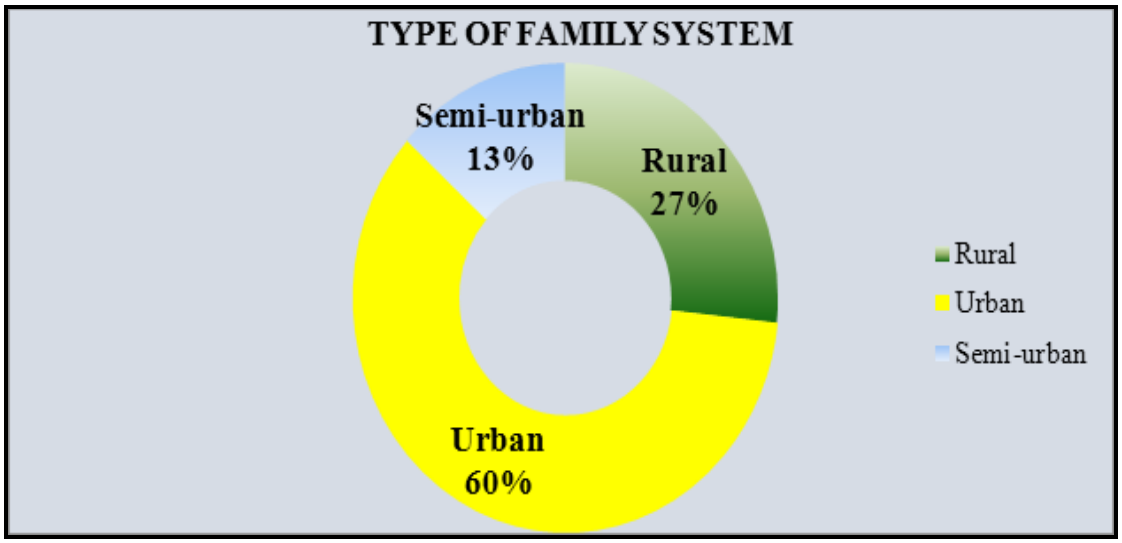


Figure 4.6: Doughnut diagram shows distribution of subjects according to Area of residence

Data in table 4.1 and figure 4.6 shows 26.7% of subjects are living in Rural areas, 26.7% are living in Urban areas,13.3% of subjects are living in semi urban area.

Pet Animals in your Home

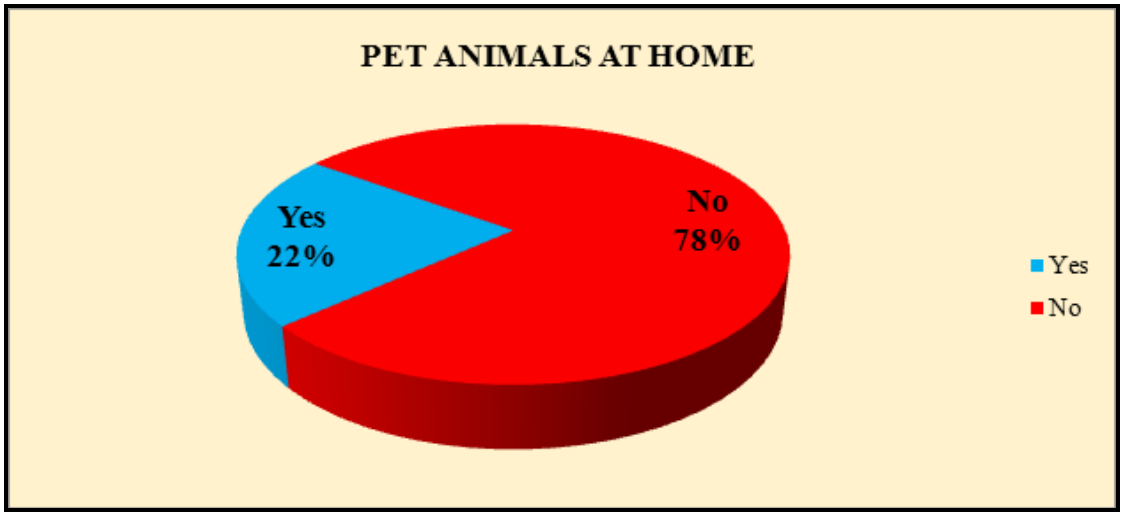


Figure 4.7: Pie diagram shows distribution of subjects according to Pet animals in your home

Data in table 4.1 and figure 4.7 shows 21.7% of subjects have pets,78.3% of subjects don't have pet animals in their home.

Type of Pet Animals

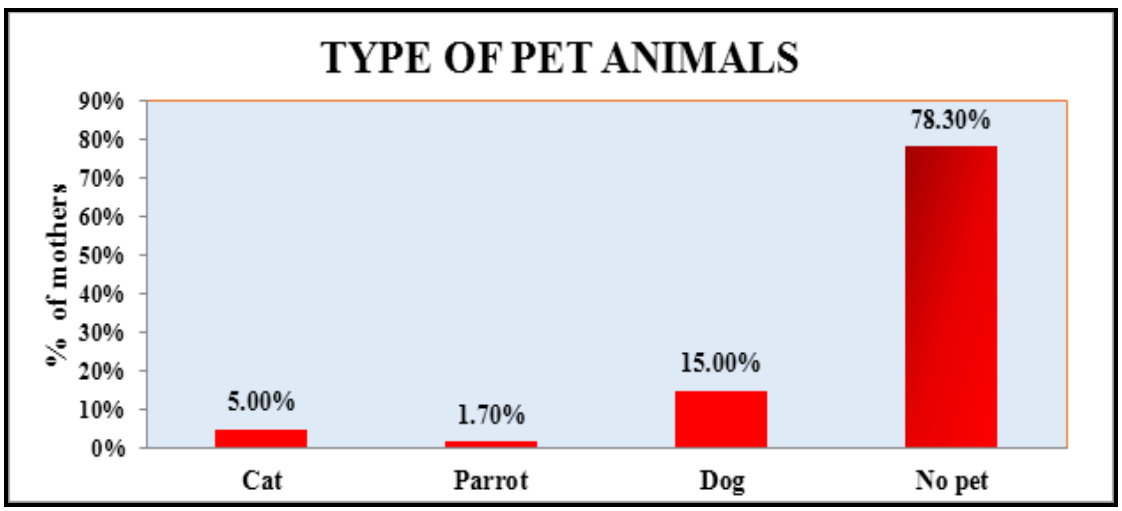


Figure 4.8: Simple bar diagram shows distribution of types of pet animals in your home

Data in table 4.1 and figure 4.8 shows 5% of subjects have cat,1.7% of subjects have parrot, 15% of subjects have dog, 78.3% doesn't have pet in home.

Type OF Bitten Dog

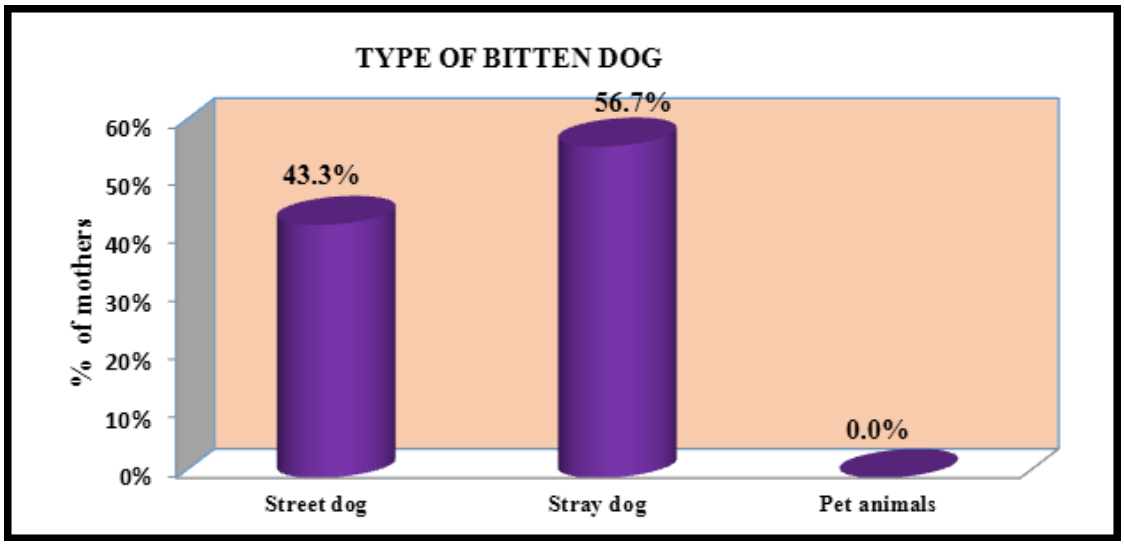


Figure 4.9: Simple bar diagram shows distribution of types of bitten animals

Data in table 4.1 and figure 4.9 shows 43.3% of subjects are bitten by street dog, 56.7% of subjects are bitten, none of subjects are bitten by pet animals.

Registration Status of Dog in Blue Cross

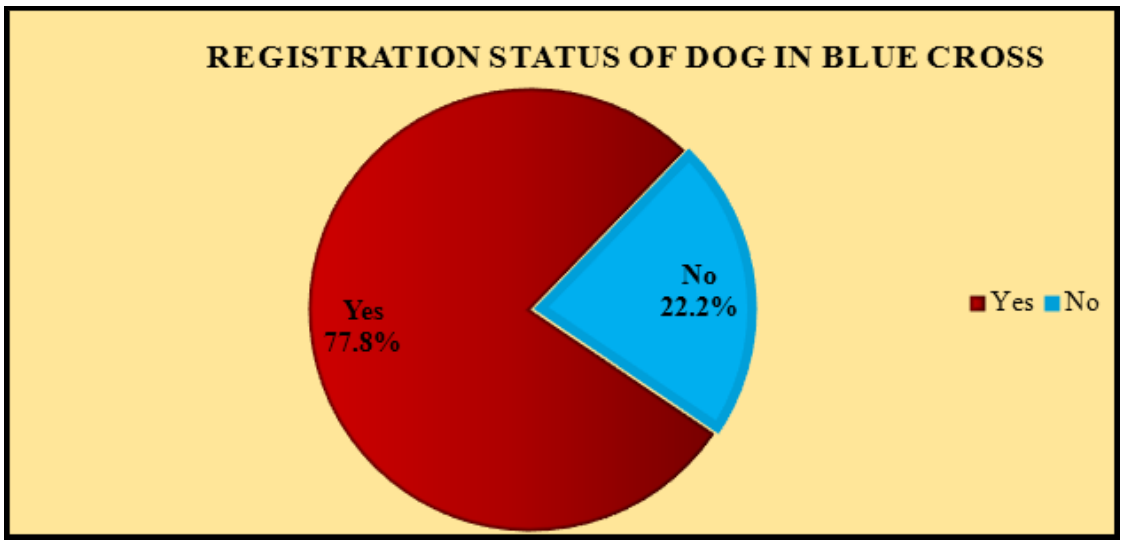


Figure 4.10: Pie diagram shows distribution of subjects according to registration status of dog in Blue cross

Data in table 4.1 and figure 4.10 shows 77.8% of subjects have registered the dog in blue cross, 22.2% doesn't have registered the dog in blue cross.

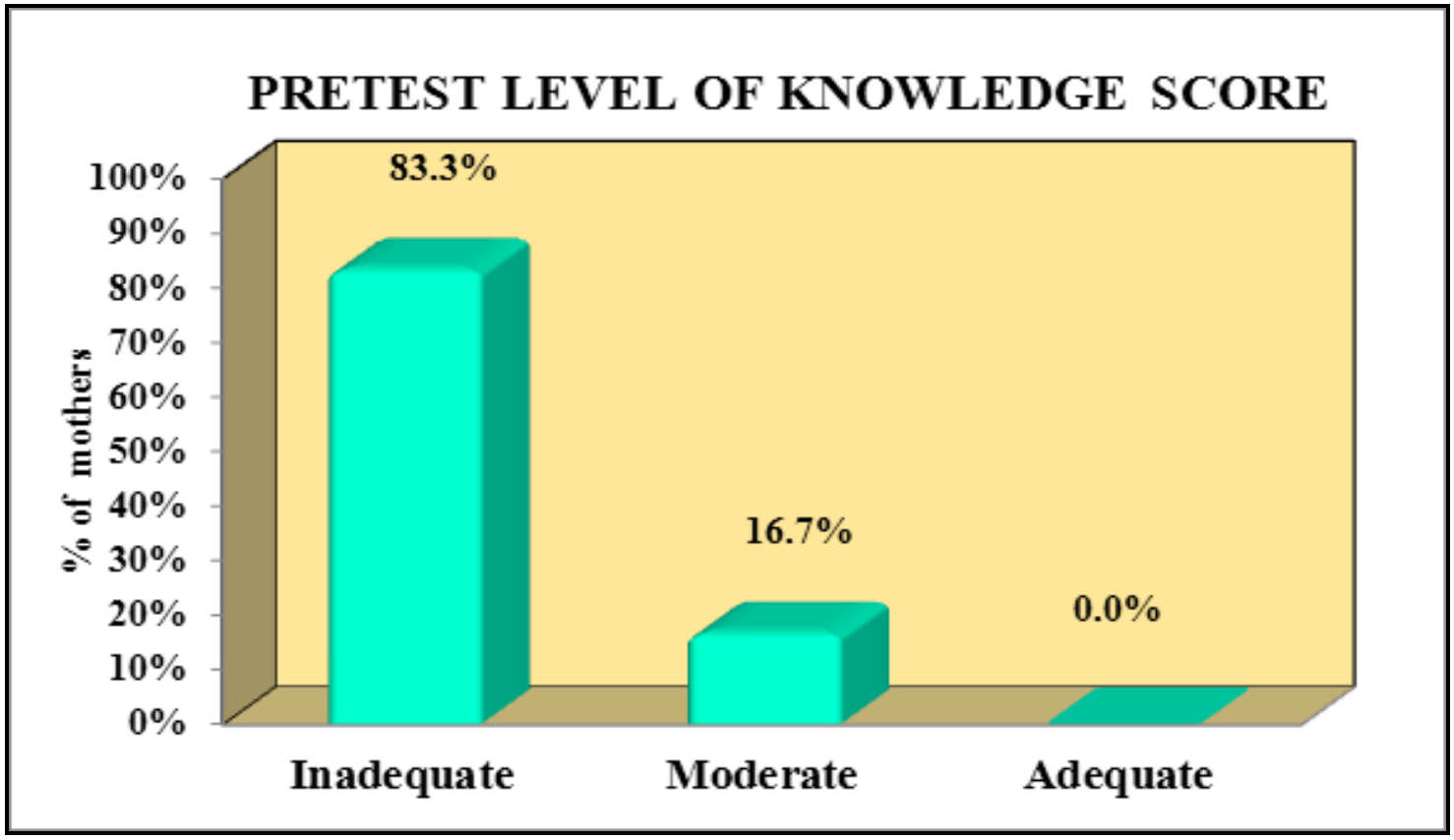


Figure 4.11 Pretest Level of Knowledge

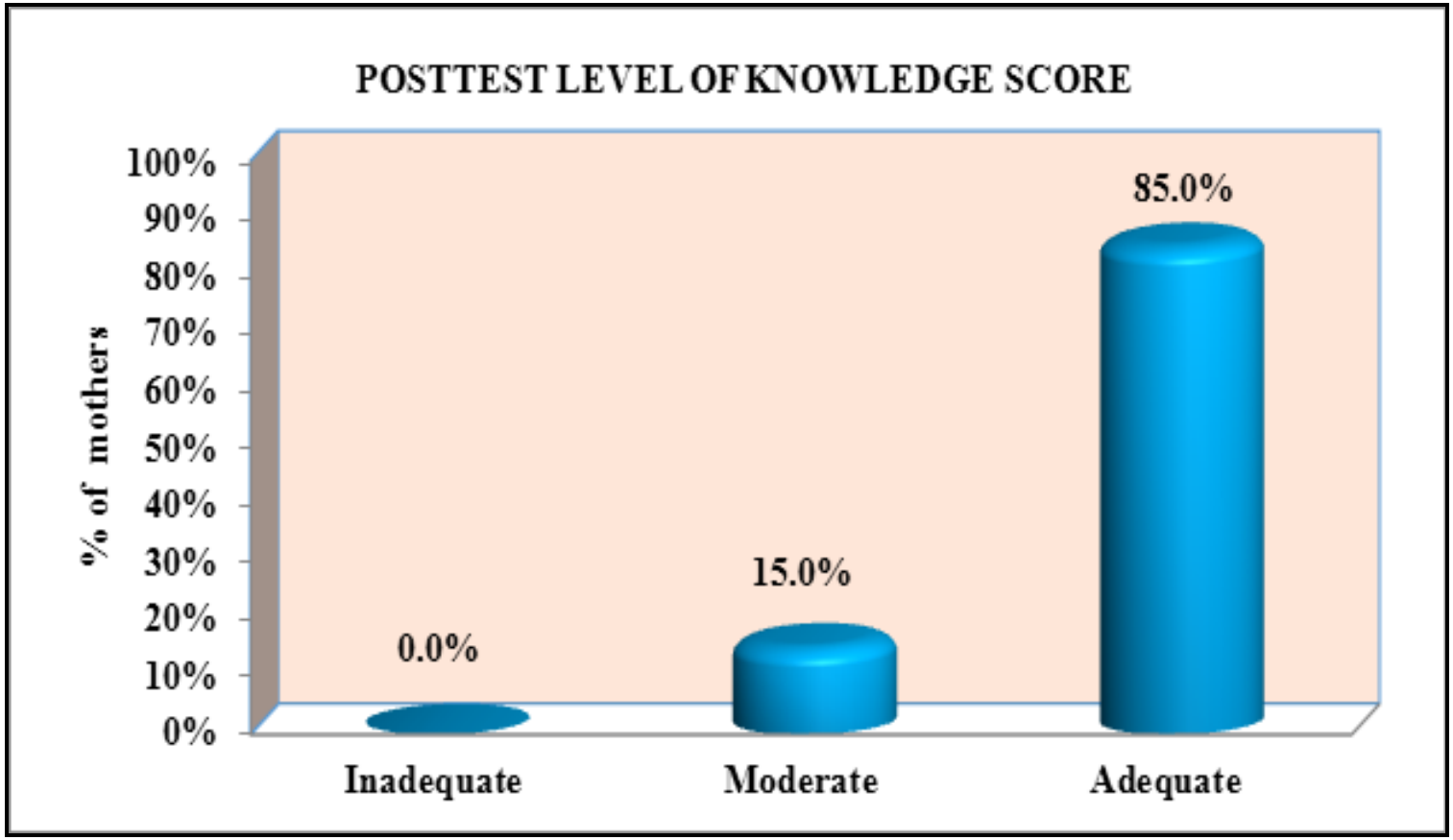


Figure 4.12 Post test level of knowledge score

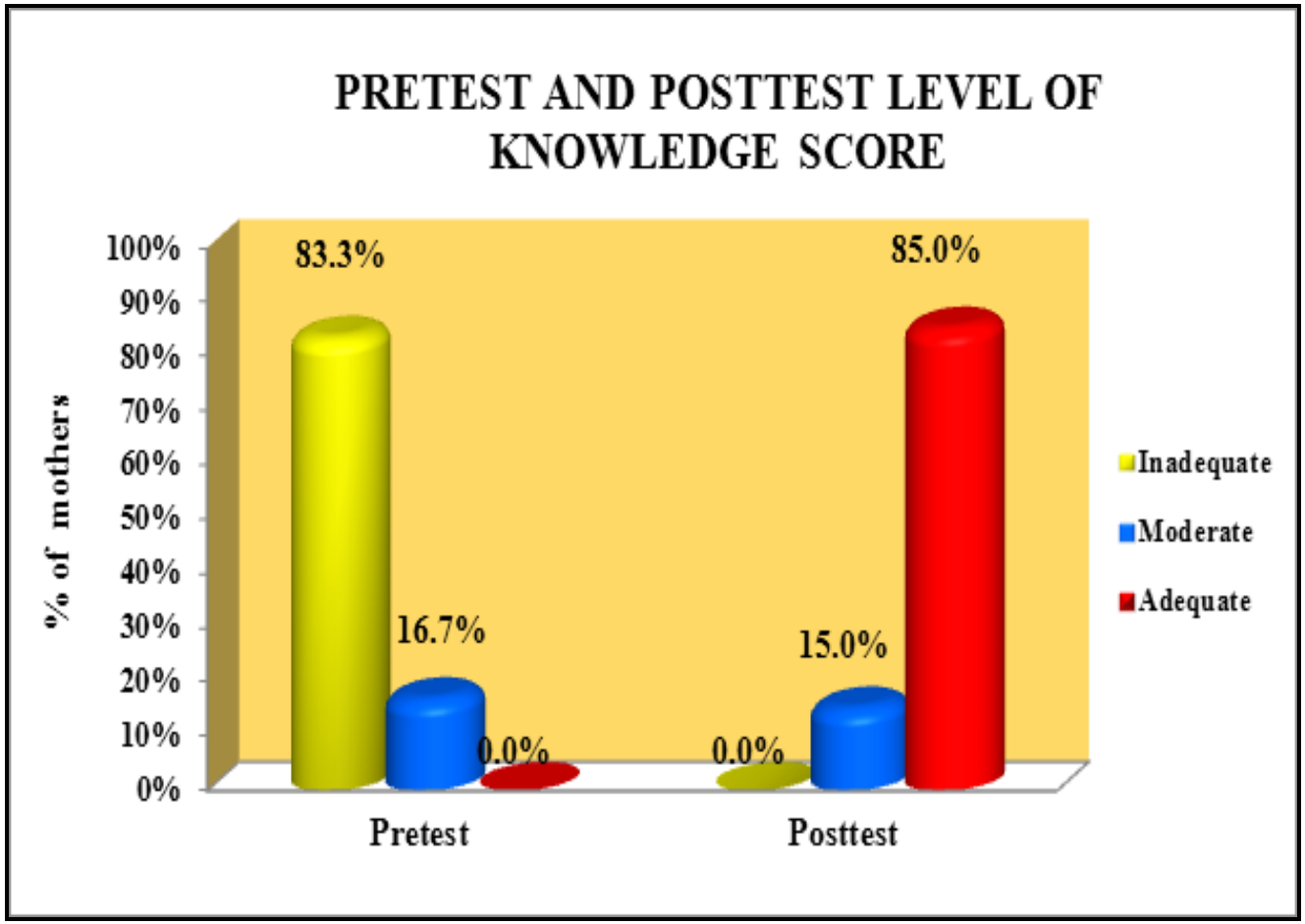


Figure 4.13 shows comparison of pretest and posttest level of knowledge score.

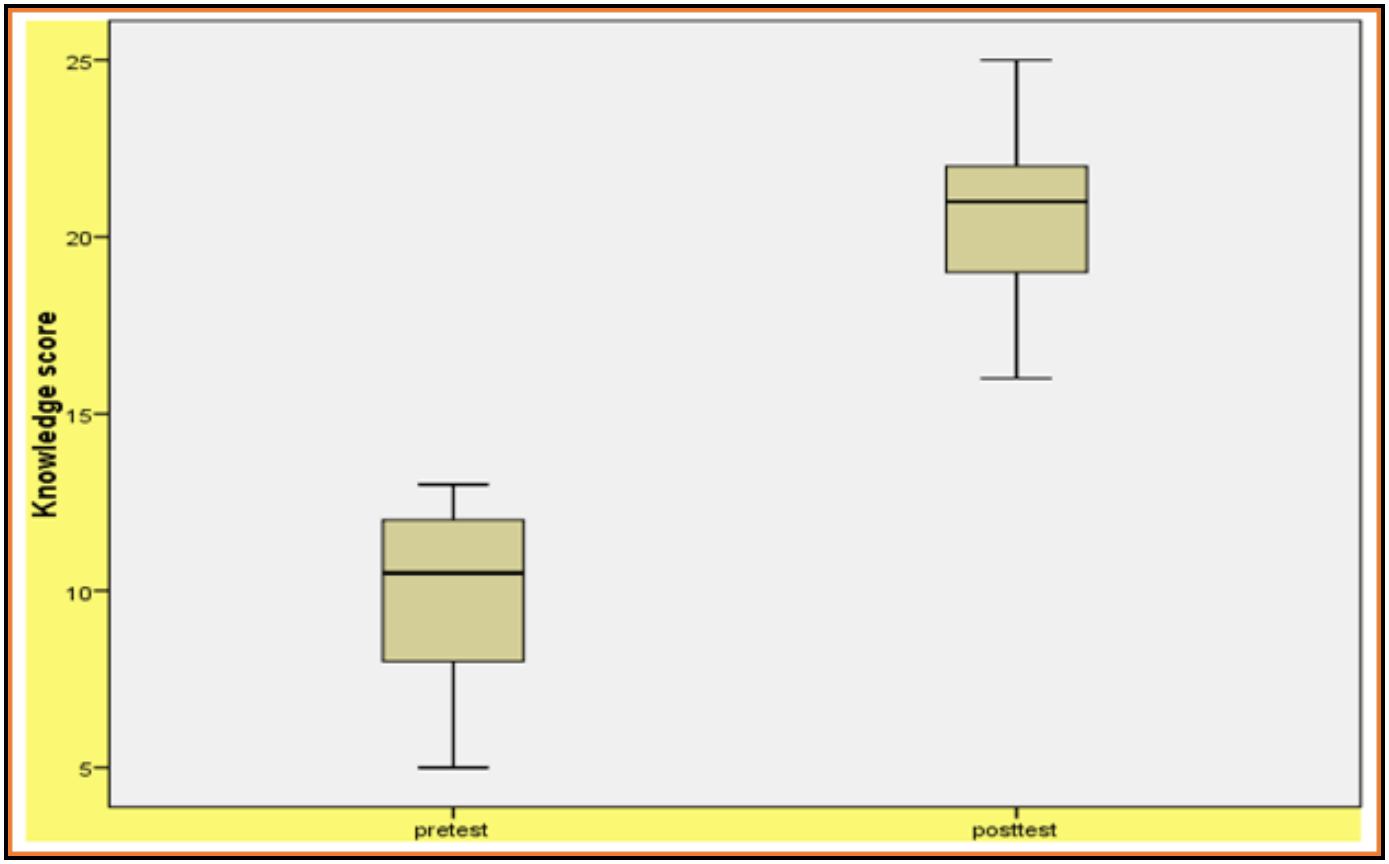


Fig 4.14: Box Plot Compares the mothers pretest and posttest knowledge score

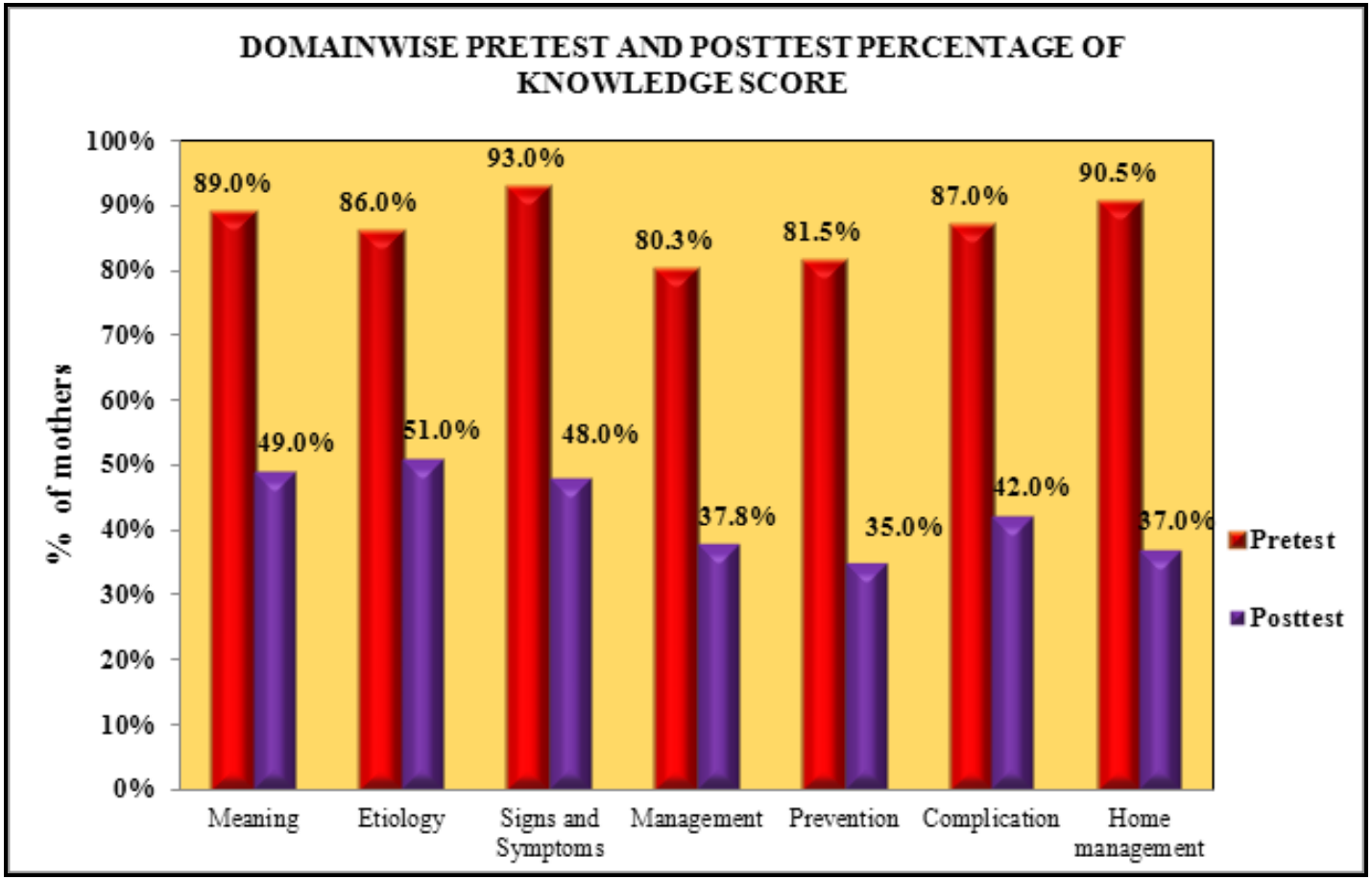


Figure 4.15 shows the domain wise pretest and posttest percentage of knowledge score

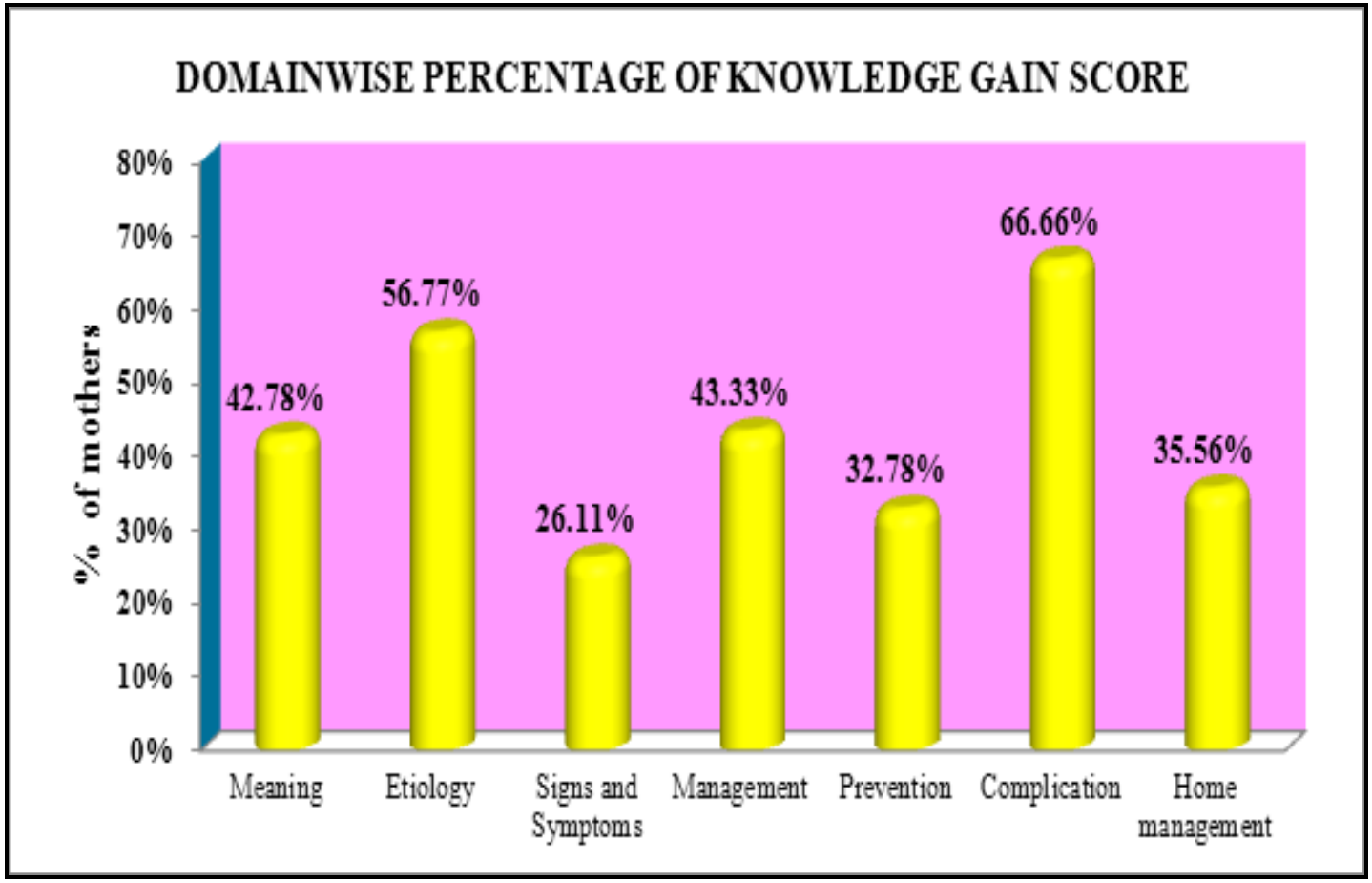


Figure 4.16 shows Domain wise percentage of knowledge gain score

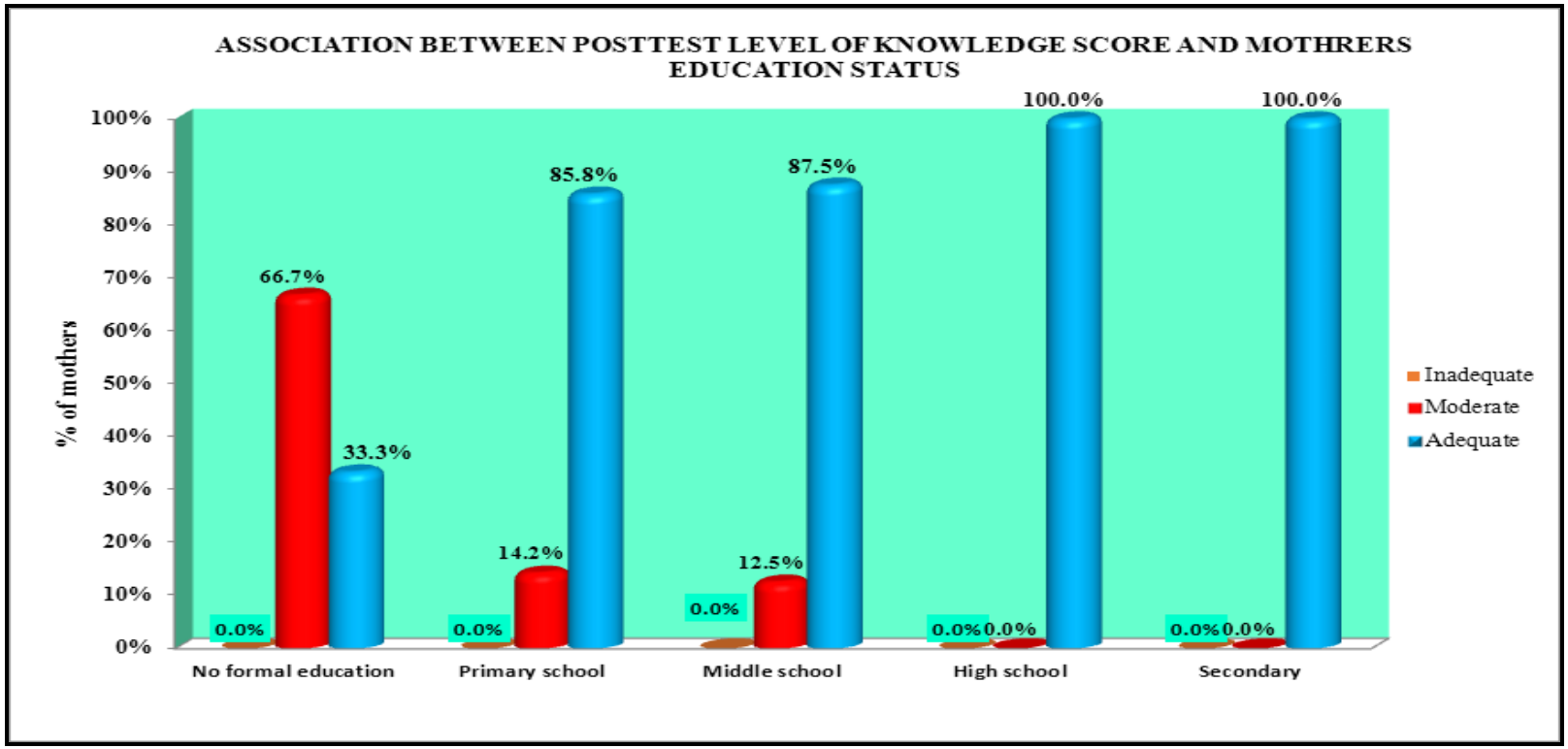


Figure 4.17: Multiple Bar Diagram Shows association between post-test level of knowledge score and mothers education status

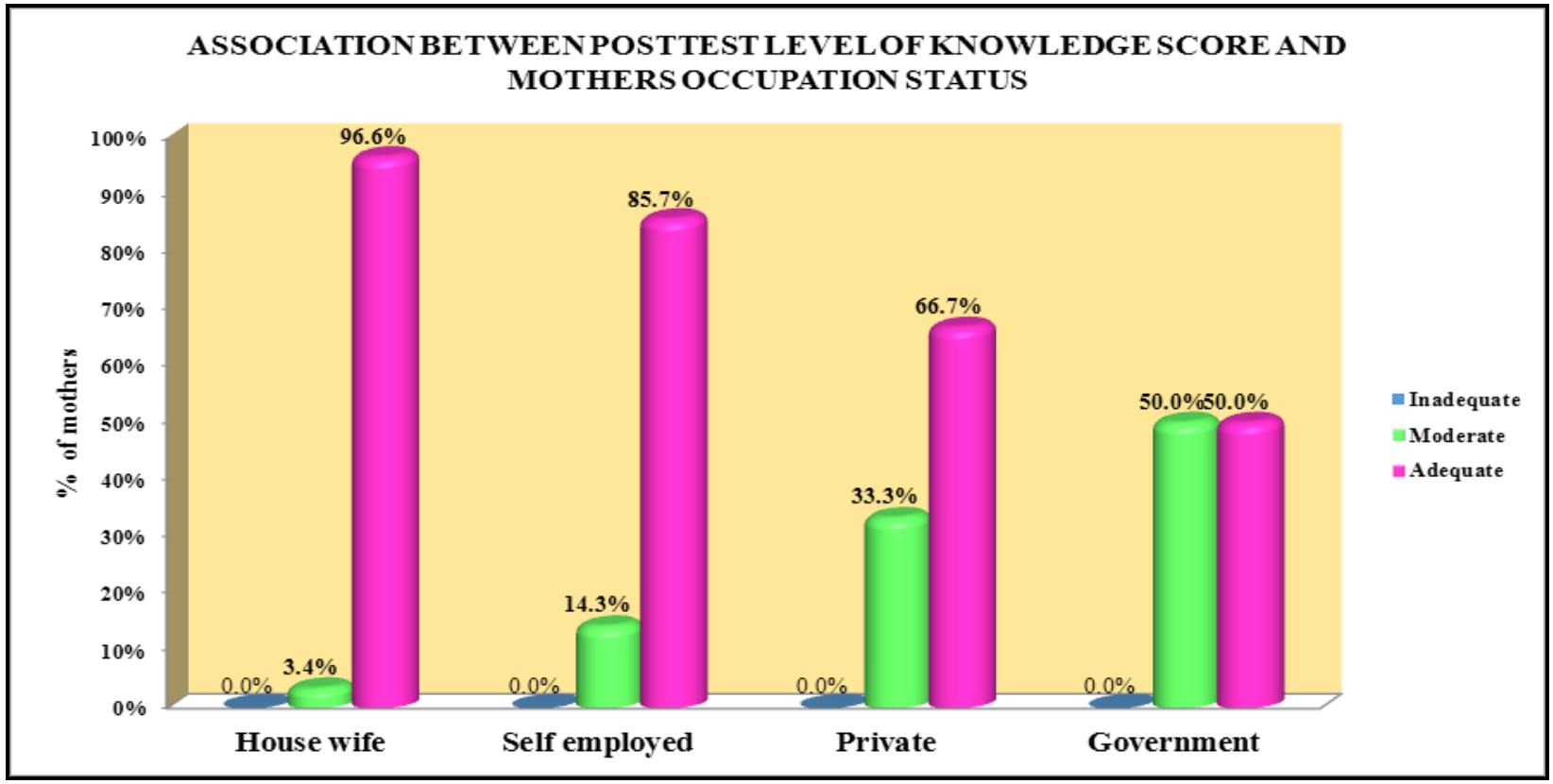


Figure 4.18: Multiple Bar Diagram Shows association between post-test level of knowledge score and mothers occupation status

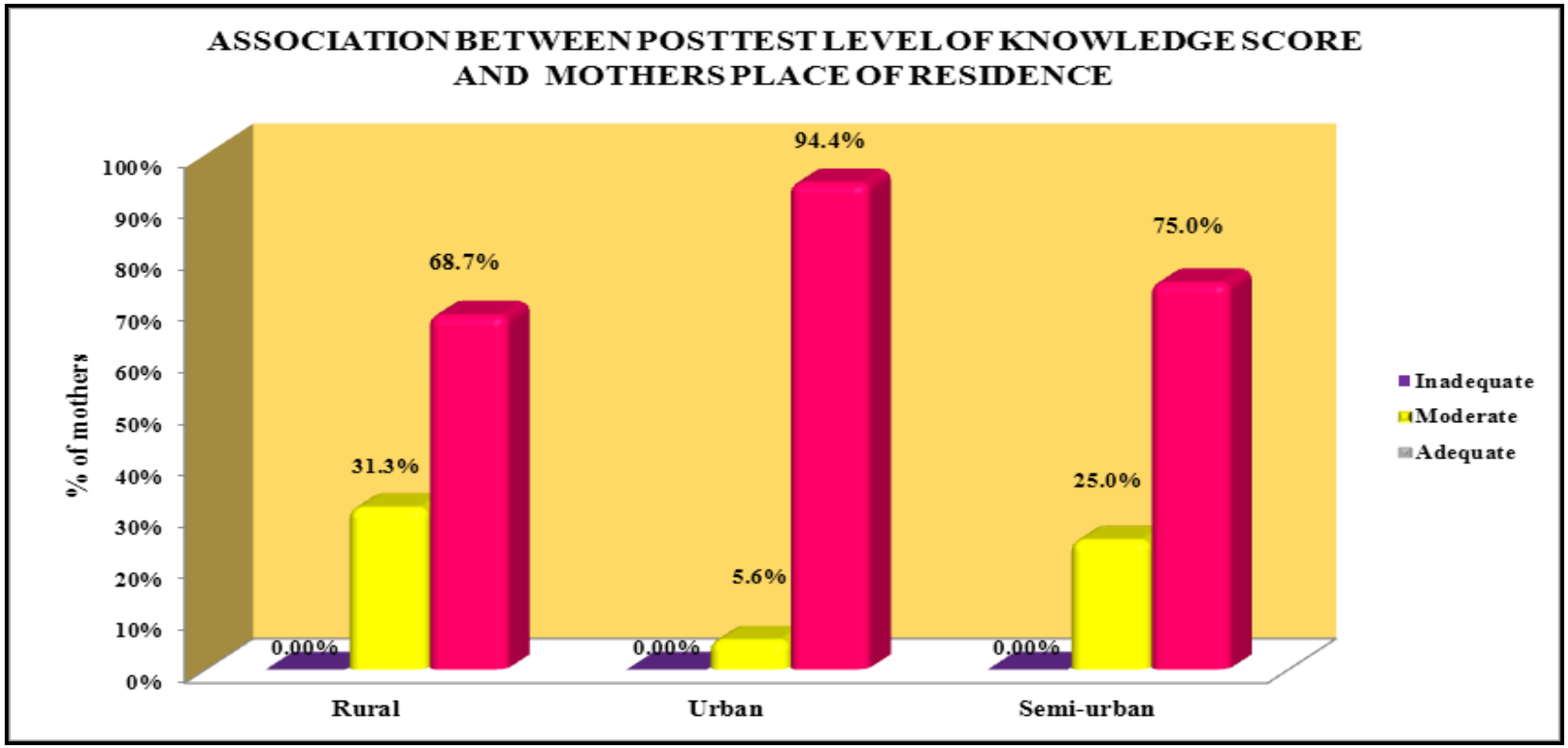


Figure 4.19: Multiple Bar Diagram Shows association between post-test level of knowledge score and mothers place of residence

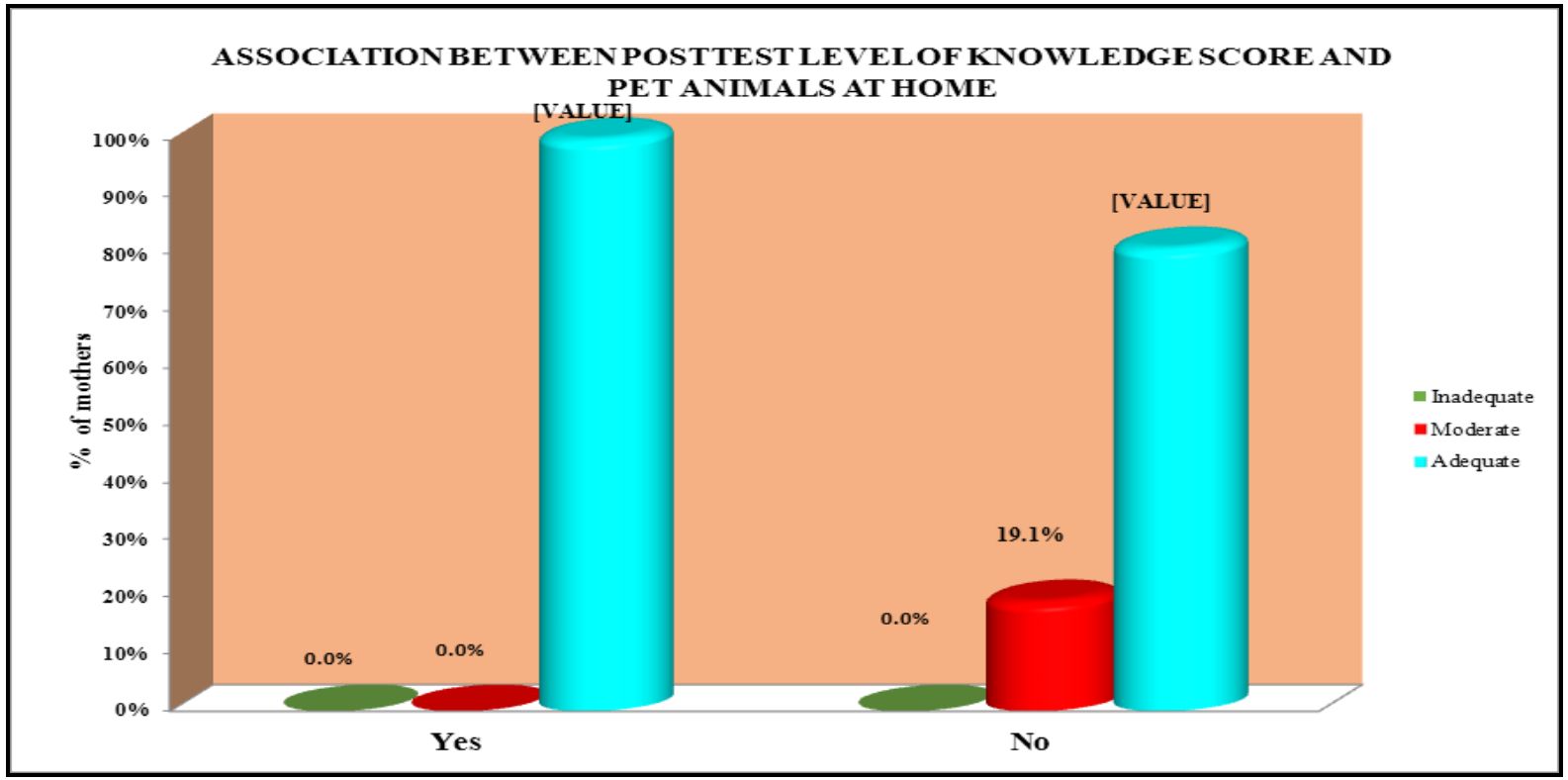


Figure 4.20 Multiple bar diagram shows association between post test level of knowledge score and pet animal at home.

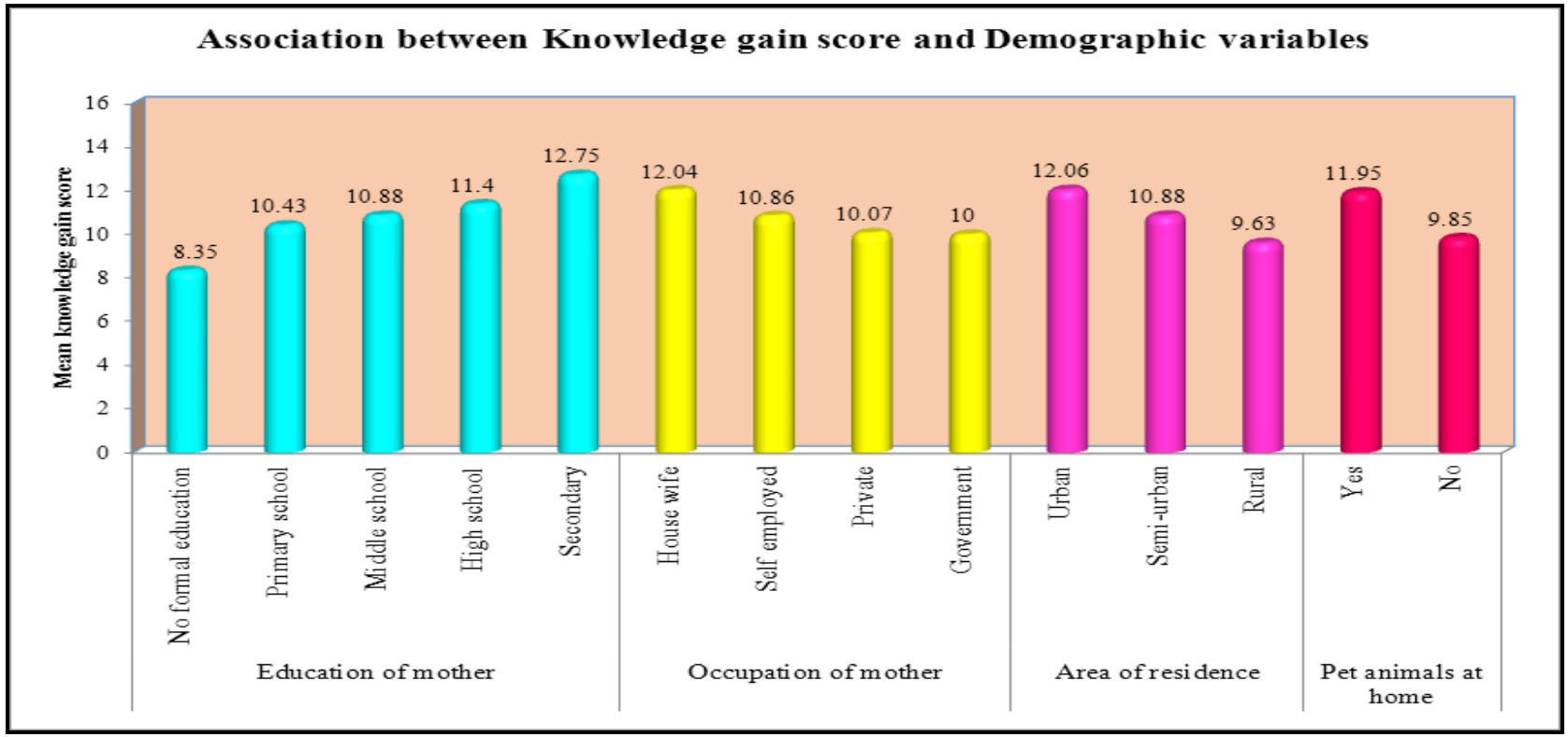


Figure 4.21: Multiple bar diagram shows association between knowledge gain score and demographic variables

நாய்க்கடியை தவிர்த்தல்:-

➢ நாய் சாப்பிடும் வேளையில் உறக்கத்தில் இருக்கும் நேரத்தில் அல்லது குட்டிகளை கொஞ்சும் போதும் ஒருபோதும் இடைஞ்சல் செய்ய வேண்டாம்.திடுக்கிட்டு அல்லது பயத்தினால் நாய் உங்களைகடிக்கலாம்.கம்புக்குச்சிக ளையோ, அல்லது கற்களையோ நாயகள் மீது எறிய வேண்டாம்

கட்டப்பட்ட அல்லது வேலியின் பின்னால் இருக்கும் நாயின் அருகில் போக வேண்டும்

நாய்க்குட்டிகளின் அருகில் போக வேண்டாம். தனது குட்டிகளை பாதுகாக்க தாய் நாய் உங்களை கடிக்கலாம்.

➢ நாய்களின் அருகில் ஓடவோ அல்லது விரைவாக நகரவோ வேண்டாம்

➢ நாயின் கண்களை நேரடியாக பார்க்க வேண்டாம்

ஆத்திரத்துடன் ஒருநாய் உங்கள் அருகில் வரும்போது

- உறைந்து நிலத்தை மட்டுமே பார்க்கவும் மெதுவாக பின்செல்லவும்
- திரும்பி ஓட வேண்டாம்

நாய் உங்கள் அருகில் வந்தால், கைகளை கீழ்நோக்கி வைத்த வண்ணம் மரம்போல அசையாமல் நிற்கவும். நாய் உங்களை முகர்ந்து பார்த்துவிட்ட பின்னர் அது தன் வழியாகவே போய்விடும்

ஒரு நாய் உங்களை தாக்க நேர்ந்தால், ஒரு கற்பாறையைப் போல் பாசாங்கு செய்து, பந்து போல் சுருண்டு உங்கள் முகத்தையும், உடலையும் பாதுகாத்து கொள்ள வேண்டும்

ரேபீஸ் தடுப்பூசியை போட்டுக் கொண்டு உங்களையும், உங்கள் செல்ல பிராணியையும் பாதுகாத்து கொள்ளுங்கள்

கடிக்க நேர்ந்தால்:-

- நாய் கடிபட்ட இடத்தை உடனே நீரால் பலமுறை நன்கு கழுவ வேண்டும்
- வேகமாக விழுகிற குழாய் நீரை திறந்துவிட்டு 5 நிமிடங்கள், நன்கு ரத்தம் வெளியேறும் வரை கழுவுவது இன்னும் நல்லது.

என்ன செய்யக்கூடாது:-

- நாய் கடித்த இடத்தில் கட்டுபோடக்கூடாது
- நாய் கடித்த இடத்தில் சுண்ணாம்பு சந்தனம், சாம்பல், பச்சிலைச் சாலு போன்றவற்றைத் தடவுக்கூடாது.

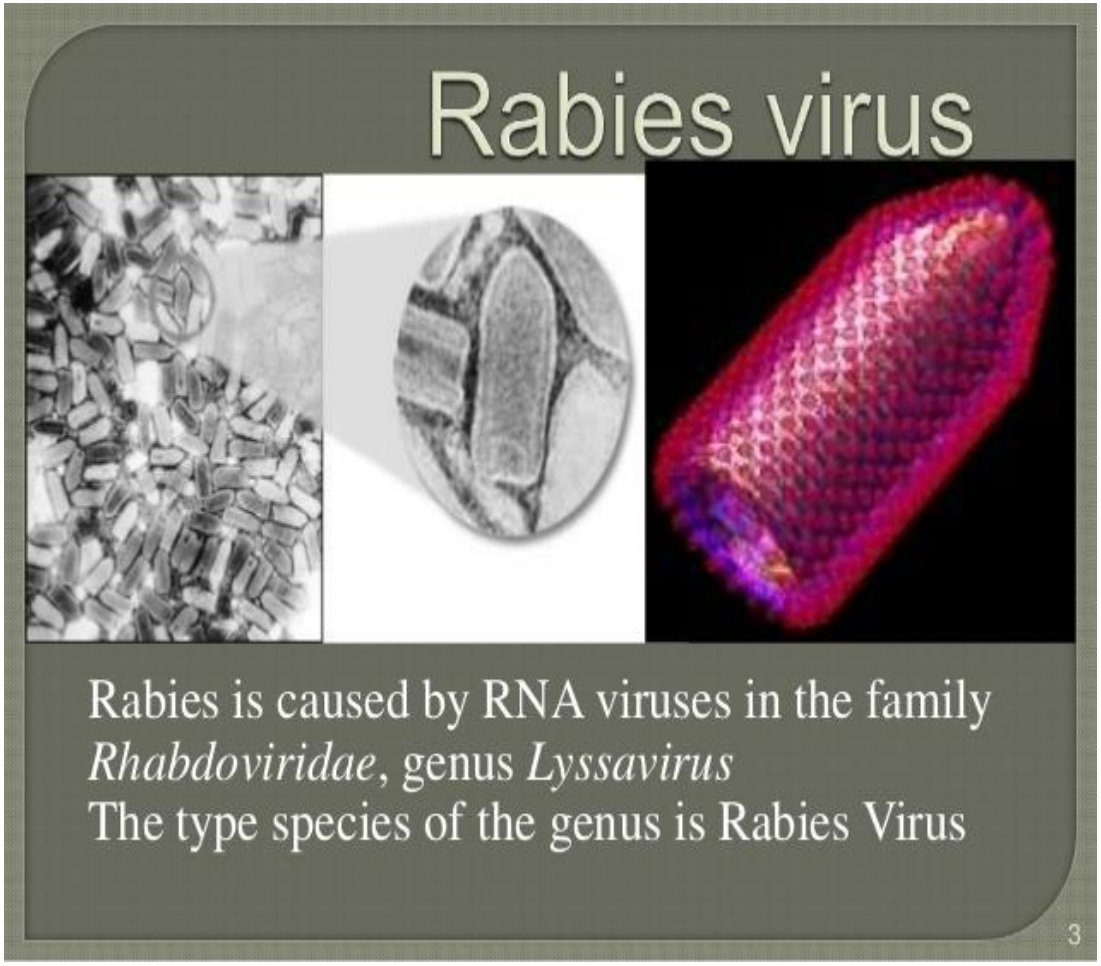
நாய்க்கடியிலிருந்து உங்கள் குழந்தையை

பாதுகாத்துக்கொள்ளும் வழிமுறைகள்

பிரியதர்ஷினி. அ,
முதுநிலை இரண்டாம் ஆண்டு மாணவி,
சென்னை மருத்துவ கல்லூரி.

ரேபீஸ் என்றால் என்ன?

நோய் வரும் வழி


Rabies virus
Rabies is caused by RNA viruses in the family *Rhabdoviridae*, genus *Lyssavirus*
The type species of the genus is Rabies Virus
3

அறிகுறிகள்

காய்ச்சல்

தலைவலி

வாந்தி

அரிப்பு

மூட்டுவலி

குழப்பம்

தண்ணீரைக் கண்டாலே பயப்படுவார்கள்

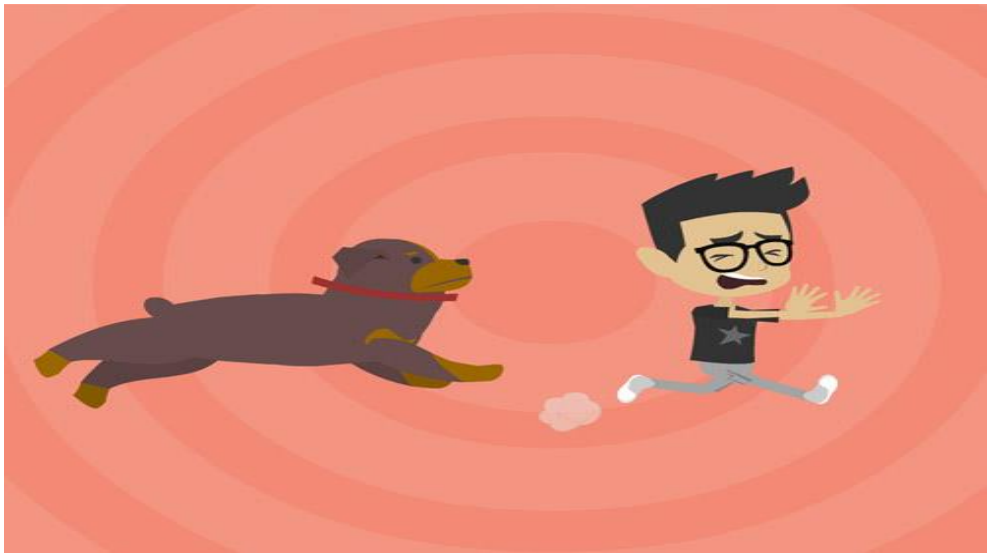
நடத்தையில் மாற்றம்

வகை 1- நாயை தொடுதல், உணவு ஊட்டுதல், காயம் படாத தோலை நக்குதல்.
ஊசி தேவையில்லை

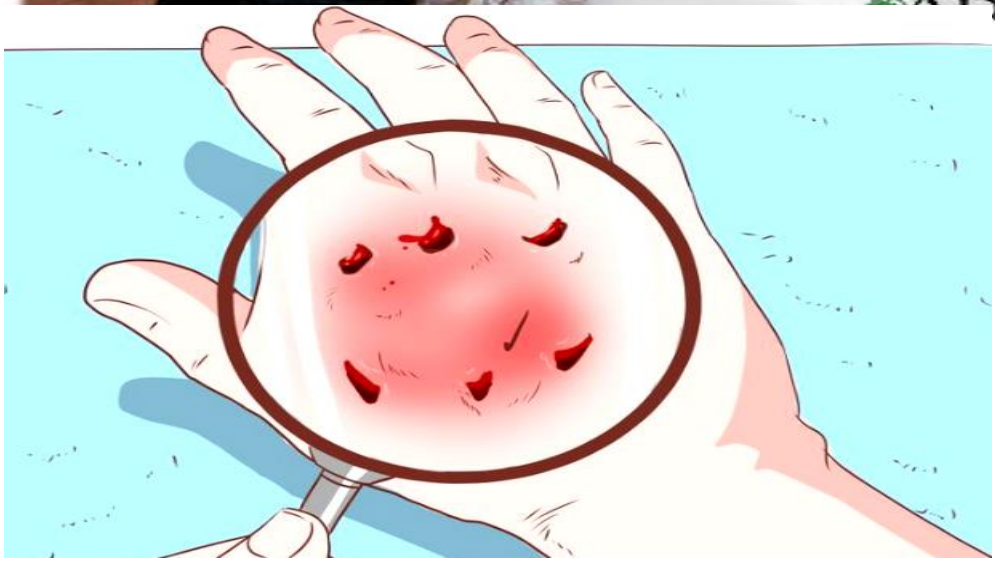
வகை2- சிராய்ப்பு காயம், கவ்வுதல், குறைவான அளவில் ரத்தக்கசிவு முதலுதவி செய்யவேண்டும் பின்னர் ரேபிஸ் நோய்த்தடுப்பு ஊசி

வகை 3- ஆழமான காயங்கள் - காயத்திற்கு முதலுதவி மற்றும் ரேபிஸ் நோய்த்தடுப்பு ஊசி மற்றும் இம்முயுனோக்லோபின் தடுப்பு மருந்து

எச்சரிக்கை தேவை!



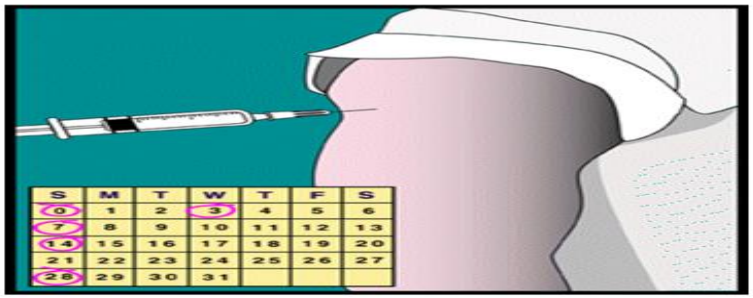
நாய்க்கடிக்கு நவீன சிகிச்சை!



உயிர் காக்கும் தடுப்பூசி!

Human vaccination for rabies

Injections required



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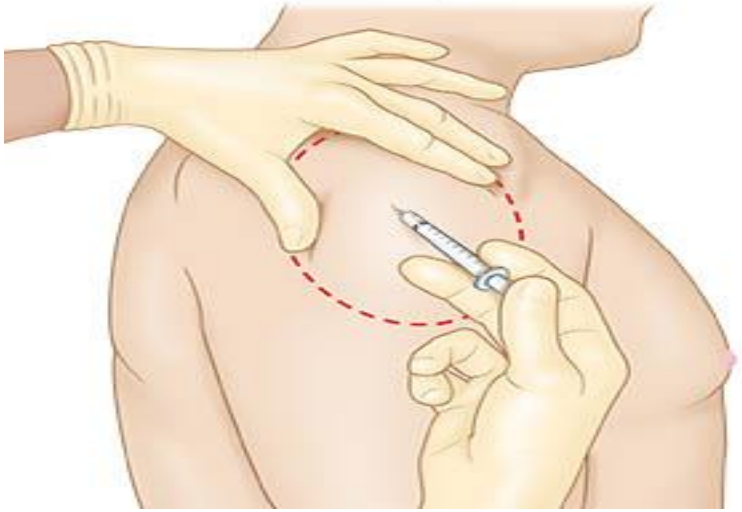
Deltoid Injection



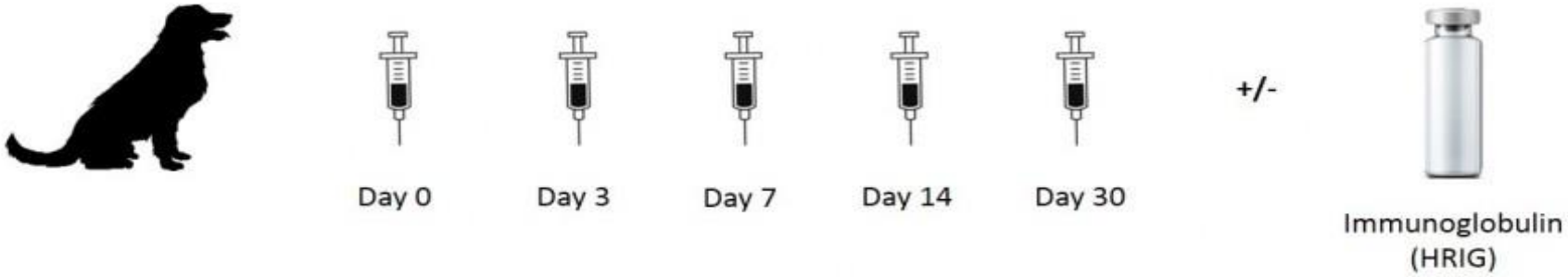
- into the deltoid muscle
(or anterolateral part of the thigh in small children)
- never into the gluteal muscle.

நாய்க்குட்டிகள் பராமரிப்பு முறை

முன்னெச்சரிக்கை தடுப்பூசி

IF HAD FULL COURSE OF 3 RABIES BEFORE POTENTIAL RABIES EXPOSURE THEN 2 DOSES OF RABIES VACCINE ARE NEEDED AFTER EXPOSURE

IF NO VACCINE OR LESS THAN 3 DOSES GIVEN PRE-EXPOSURE THEN 5 DOSES OF VACCINE ARE NEEDED AFTER EXPOSURE




3F


3F


3F